



PLUMAS COUNTY  
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ENVIRONMENTAL HEALTH DIVISION  
FOOD SAFETY EVALUATION REPORT  
270 County Hospital Rd., Ste 127 Quincy, CA 95971  
Phone: (530) 283-6355 FAX (530) 283-6241

Date of Inspection: 10/24/23

Facility Name: <u>Lola's</u>	Phone Number: _____	PR ID # <u>90</u>
Facility Site Address: <u>336 MAIN</u>	City: <u>CHESTER</u>	Zip <u>96020</u>
Permit #: <u>23-060</u>	Exp Date: <u>3/16/24</u>	Permit Holder: <u>Raul Lecona</u>
		Type of Inspection: <u>ROUTINE</u>

See reverse side for the code sections and general requirements that correspond to each violation listed below

In = In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site MAJ = Major violation OUT=Out of Compliance

In	N/O-N/A	CO S	MAJ	OU T
<b>DEMONSTRATION OF KNOWLEDGE</b>				
X	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Raul Lecona</u> Exp. Date <u>3/31/27</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
X	2. Communicable disease; reporting, restrictions & exclusions			
X	3. No discharge from eyes, nose, and mouth			
X	4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
X	5. Hands clean and properly washed; gloves used properly			
	6. Adequate handwashing facilities supplied & accessible			
X	<b>TIME AND TEMPERATURE RELATIONSHIPS</b>			
X	7. Proper hot and cold holding temperatures			
X	8. Time as a public health control; procedures & records			
X	9. Proper cooling methods			
X	10. Proper cooking time & temperatures			
X	11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>				
X	12. Returned and re-service of food			
X	13. Food in good condition, safe and unadulterated			
X	14. Food contact surfaces: clean and sanitized			

	<b>FOOD FROM APPROVED SOURCES</b>	
X	15. Food obtained from approved source	
X	16. Compliance with shell stock tags, condition, display	
X	17. Compliance with Gulf Oyster Regulations	
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>		
X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	
<b>CONSUMER ADVISORY</b>		
X	19. Consumer advisory provided for raw or undercooked foods	
<b>Highly Susceptible Populations</b>		
X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
<b>WATER/HOT WATER</b>		
X	21. Hot and cold water available Temp <u>120° F+</u>	
<b>LIQUID WASTE DISPOSAL</b>		
X	22. Sewage and wastewater properly disposed	
<b>VERMIN</b>		
X	23. No rodents, insects, birds, or animals	

In	N/O-N/A	CO S	MAJ	OU T
<b>SUPERVISION</b>				
24. Person in charge present and performs duties				
<b>PERSONAL CLEANLINESS</b>				
25. Personal cleanliness and hair restraints				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
26. Approved thawing methods used, frozen food				
27. Food separated and protected				
28. Washing fruits and vegetables				
29. Toxic substances properly identified, stored, used				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
30. Food storage; food storage containers identified				
31. Consumer self-service				
32. Food properly labeled & honestly presented				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				
33. Nonfood contact surfaces clean				
34. Warewashing facilities: installed, maintained, used; test strips <u>X</u>				
35. Equipment/ Utensils approved; installed; clean; good repair, capacity				
36. Equipment, utensils and linens: storage and use				
37. Vending machines				
38. Adequate ventilation and lighting; designated areas, use				

	<b>OUT</b>
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
<b>PHYSICAL FACILITIES</b>	
41. Plumbing: proper backflow devices	
42. Garbage and refuse properly disposed; facilities maintained	
43. Toilet facilities: properly constructed, supplied, cleaned	
44. Premises; personal/cleaning items; vermin-proofing	
<b>PERMANENT FOOD FACILITIES</b>	
45. Floor, walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/ living or sleeping quarters	
<b>SIGNS/ REQUIREMENTS</b>	
47. Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	

Received by (Print) Viviana Cuneo  
Received by (Signature) HC  
Specialist (Print) Pat Sanders Specialist (Signature) HC

Title

Re-inspection Date:

Facility Name: LOLA'sFA ID #: 90Pg 2 of 2Date of Inspection: 10/24/23

## OBSERVATIONS AND CORRECTIVE ACTIONS

6. KEEP ALL HANDWASH SINKS STOCKED W/ SINGLE SERVICE SOA & PAPER TOWELS. HANDWASH SINK IN FRONT PREP AREA HAD NO SOAP @ TIME OF INSPECTION.

34. OBTAIN HEAT SANITIZING TEST STRIPS TO MONITOR DISHWASHER TEMP.  
(CHEMICAL MONITORING TEST STRIPS OBTAINED SINCE PREVIOUS INSPECTION)

Received by (Print)

Title

Received by (Signature) thompsonSpecialist (Print) PAT SANDERSSpecialist (Signature) K. F. Hall

Re-inspection Date: