



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: 1/10/24

Facility Name: <u>Senior Nutrition - Chester</u>	Phone Number: _____	PR ID #: <u>260</u>
Facility Site Address: <u>366 Meadow Brooke</u>	City: <u>CHESTER</u>	Zip: <u>96020</u>
Permit #: <u>23-227</u>	Exp Date: <u>2/1/24</u>	Permit Holder: <u>Plumas County Public Health</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	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Koo Merman</u> Exp. Date <u>4/30/26</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures			
<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records			
<input checked="" type="checkbox"/>	9. Proper cooling methods			
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures			
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	12. Returned and re-service of food			
<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized			

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

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

Received by (Print) Cassandra Quadrio  
Received by (Signature) Cassandra  
Specialist (Print) PAT SANDERS Specialist (Signature) #

Title Asst. Cook

Re-inspection Date: