



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: 3/12/24

Facility Name: CHESTER MINI MART Phone Number: PR ID # 203  
Facility Site Address: 303 MAIN City: CHESTER Zip 96020  
Permit #: 24-170 Exp Date: 12/20/24 Permit Holder: TELL CHESTER PROPERTIES LLC  
Type of Inspection: Routine

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	DEMONSTRATION OF KNOWLEDGE			COS	MAJ	OUT
X		1. Demonstration of knowledge; food safety certification					
Food Safety Cert Name: PHILIP KELLEY		Exp. Date 12/24/28					
EMPLOYEE HEALTH & HYGIENIC PRACTICES							
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					
PREVENTING CONTAMINATION BY HANDS							
X		5. Hands clean and properly washed; gloves used properly					
X		6. Adequate handwashing facilities supplied & accessible					
TIME AND TEMPERATURE RELATIONSHIPS							
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					
PROTECTION FROM CONTAMINATION							
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					

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

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

OUT	
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
PHYSICAL FACILITIES	
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	
PERMANENT FOOD FACILITIES	
45. Floor, walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/ living or sleeping quarters	
SIGNS/ REQUIREMENTS	
47. Signs posted; last inspection report available	
COMPLIANCE & ENFORCEMENT	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	

Received by (Print) *Pat Sanders*  
Received by (Signature) *Pat Sanders*  
Specialist (Print) *Pat Sanders* Specialist (Signature) *Pat Sanders*

Title

Re-inspection Date:

Facility Name: <u>CHESTER MINI MART</u>	FA ID #: <u>203</u>	Pg <u>2</u> of <u>2</u> Date of Inspection: <u>3/12/24</u>
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OBSERVATIONS AND CORRECTIVE ACTIONS

25. ALL FOODS TO BE THAWED IN AN APPROVED MANNER:

- UNDER REFRIGERATION
- UNDER COOL RUNNING WATER IN FOOD PREP SINK.
- DURING THE COOKING PROCESS

MULTIPLE PACKAGES OF HAMBURGER MEAT BEING THAWED IN BACK SERVICE AREA @ TIME OF INSPECTION

35. CLEAN INSIDE OF FREEZER & REFRIGERATION UNITS TO PREVENT ACCUMULATION OF FOOD DEBRIS

Received by (Print)

Title

GM

Received by (Signature)

Specialist (Print)

Pat Sanders

Specialist (Signature)

Re-inspection Date: