



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: Lola's Phone Number _____ PR ID # 90
 Facility Site Address: 336 Main City: CHESTER Zip 96020
 Permit #: 24.060 Exp Date: 3/16/25 Permit Holder: RAUL LIGONIA
 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			CO S	MAJ	OU T
EMPLOYEE HEALTH & HYGIENIC PRACTICES							
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification					
Food Safety Cert Name: <u>Raul Ligon</u>		Exp. Date <u>3/31/27</u>					
PREVENTING CONTAMINATION BY HANDS							
<input checked="" type="checkbox"/>		5. Hands clean and properly washed; gloves used properly					
		6. Adequate handwashing facilities supplied & accessible				<input checked="" type="checkbox"/>	
TIME AND TEMPERATURE RELATIONSHIPS							
<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					
PROTECTION FROM CONTAMINATION							
<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					

	FOOD FROM APPROVED SOURCES	
<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	
CONFORMANCE WITH APPROVED PROCEDURES		
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan	
CONSUMER ADVISORY		
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations		
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
WATER/HOT WATER		
<input checked="" type="checkbox"/>	21. Hot and cold water available	
Temp _____		
LIQUID WASTE DISPOSAL		
<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed	
VERMIN		
<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals	

In	N/O-N/A	CO S	MAJ	OU T
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				
27. Food separated and protected		<input checked="" type="checkbox"/>		
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		<input checked="" type="checkbox"/>		
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				

	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) Ursula Arias Title _____
 Received by (Signature) Ursula Arias
 Specialist (Print) Pat Sanders Specialist (Signature) Pat Sanders Re-inspection Date: _____

OBSERVATIONS AND CORRECTIVE ACTIONS

6. Handwash sink to be used only for handwashing. Prep area handwash sink being utilized to thaw frozen food @ time of inspection. Must be available for any handwashing - Thawing of foods must be performed in 3-comp sink.

27. All raw foods to be stored below & away from any ready to eat foods. Raw chicken in walk-in being stored above & next to other foods - results possible cross contamination issue

34. As noted on previous inspection report obtain test strips for dishwasher-
heat sanitizer

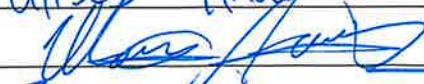
- Note: Reduce clutter in facility to help expedite cleaning

Received by (Print)

Ulises Arias

Title

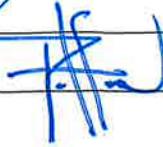
Received by (Signature)



Specialist (Print)

PAT SARDEN

Specialist (Signature)



Re-inspection Date: