



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: 7/24/20

Facility Name: <u>LOLA'S</u>	Phone Number: _____	PR ID# <u>90</u>
Facility Site Address: <u>336 MAIN</u>	City: <u>CHASTOT</u>	Zip <u>96020</u>
Permit #: <u>24-060</u>	Exp Date: <u>3/16/25</u>	Permit Holder: <u>RAUL LAGUNA</u>
		Type of Inspection: <u>COMPLAINT</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		COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>RAUL LAGUNA</u>		Exp. Date: <u>3/16/27</u>			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<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			
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/>		5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
<input checked="" type="checkbox"/>		7. Proper hot and cold holding temperatures			
<input checked="" type="checkbox"/>	<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 <u>120°F</u>	
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		COS	MAJ	OUT
SUPERVISION					
		24. Person in charge present and performs duties			OUT
PERSONAL CLEANLINESS					
		25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS					
		26. Approved thawing methods used, frozen food			
		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			
		36. Equipment, utensils and linens: storage and use			
		37. Vending machines			
		38. Adequate ventilation and lighting; designated areas, use			

		39. Thermometers provided and accurate		OUT
		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) Viviana Cuevas

Title

Received by (Signature) [Signature]

Specialist (Print) PAT SANDOZ

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name:

LOLA'S

FA ID #

90

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Date of Inspection:

7/24/24

OBSERVATIONS AND CORRECTIVE ACTIONS

- All Temps Hot & Cold GOOD @ Time of Sanitation.

- FACILITY CLEAN.

- NO OBSERVATION OF CROSS CONTAMINATION

- All Items NOTED ON PREVIOUS INSPECTION REPORT HAVE BEEN CORRECTED INCLUDING
READING CLUTTER

- NO VIOLATIONS OBSERVED

Received by (Print)

Vivian Cuevas

Title

Received by (Signature)

[Signature]

Specialist (Print)

PAT SAWOSKI

Specialist (Signature)

[Signature]

Re-inspection Date: