



PLUMAS COUNTY

pg 1 of 2

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: 6/13/24

Facility Name: <u>PIZZA FACTORY - CHESTER</u>	Phone Number: <u>258-3155</u>	PR ID #: <u>228</u>
Facility Site Address: <u>197 MAIN</u>	City: <u>CHESTER</u>	Zip: <u>96020</u>
Permit #: _____	Exp Date: _____	Permit Holder: _____
		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		COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>					
X		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>LAURA KUCALO</u> Exp. Date: <u>4/29/25</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			
X		6. Adequate handwashing facilities supplied & accessible			
<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		COS	MAJ	OUT
<b>SUPERVISION</b>					
		24. Person in charge present and performs duties			OUT
<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		X	
		36. Equipment, utensils and linens: storage and use			
		37. Vending machines			
		38. Adequate ventilation and lighting; designated areas, use			

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

Received by (Print) BRANDON KUCALO

Title

Received by (Signature) BRANDON KUCALO

Specialist (Print) PAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name:

PIZZA FACTORY - CHASSIDE

FA ID # 228

Pg 2 of 2

Date of Inspection: 6/13/24

OBSERVATIONS AND CORRECTIVE ACTIONS

35. CLEAN INSIDE OF WALK-IN REFRIGERATION UNIT - SIGNIFICANT AMOUNT OF DEBRIS BUILD UP AROUND CONDENSATION UNIT & GELIN

OBTAIN COMMERCIAL HOT HOLDING UNIT DISCONTINUE USE OF DOMESTIC CROCK POT.

49. IF NOT ALREADY DONE - OBTAIN CURRENT & VALID HEALTH PERMIT  
PERMIT EXPIRED 6/1/24

Received by (Print)

Braydon Kingaid

Title

Received by (Signature)

Braydon Kingaid

Specialist (Print)

PAT SANDOZ

Specialist (Signature)

[Signature]

Re-inspection Date: