



PLUMAS COUNTY  
ENVIRONMENTAL HEALTH DIVISION  
**FOOD SAFETY EVALUATION REPORT**  
270 County Hospital Rd., Ste 127 Quincy, CA 95971  
Phone: (530) 283-6355 FAX (530) 283-6241

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Date of Inspection: 11/13/24

Facility Name: <u>ASLANS MEDITERRANEAN</u>	Phone Number: _____	PR ID # <u>2226</u>
Facility Site Address: <u>163 MAIN ST.</u>	City: <u>CHESTER</u>	Zip: <u>96020</u>
Permit #: <u>25-1356</u>	Exp Date: <u>11/4/25</u>	Permit Holder: <u>KEWAN LORCE</u>
		Type of Inspection: <u>Pre-Open.</u>

See reverse side for the code sections and general requirements that correspond to each violation listed below

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>DEVAN LENCIE</u> Exp. Date: <u>8/5/29</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>SB 13 83 Food Diversion Program</b>					
<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					
<b>SUPERVISION</b>					
					OUT
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>39. Thermometers provided and accurate</b>					
<b>40. Wiping cloths: properly used and stored</b>					
<b>PHYSICAL 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>PERMANENT FOOD FACILITIES</b>					
45. Floor, walls and ceilings: built, maintained, and clean					
46. No unapproved private homes/ living or sleeping quarters					
<b>SIGNS/ REQUIREMENTS</b>					
47. Signs posted; last inspection report available					
<b>COMPLIANCE &amp; ENFORCEMENT</b>					
48. Plan Review					
49. Permits Available					
50. Impoundment					
51. Permit Suspension					

Received by (Print) <u>Dawar Cargin</u>	Title _____
Received by (Signature) <u>[Signature]</u>	
Specialist (Print) <u>PAT SANDERS</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: _____	