



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: 12/9/24

Facility Name: <u>Asians 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>Kenan Gorge</u>
Type of Inspection: <u>Routine</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
DEMONSTRATION OF KNOWLEDGE					
X					
1. Demonstration of knowledge: food safety certification					
Food Safety Cert Name: <u>Debrah Lenz</u> Exp. Date: <u>4/5/29</u>					
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					
X					
SB 13 83 Food Diversion Program					
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 <u>120°F</u>					
LIQUID WASTE DISPOSAL					
X					
22. Sewage and wastewater properly disposed					
VERMIN					
X					
23. No rodents, insects, birds, or animals					
SUPERVISION					
					OUT
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					
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					
Thermometers provided and accurate					
39. Thermometers provided and accurate					
Wiping cloths: properly used and stored					
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) Doraen Gargles

Title owner

Received by (Signature) [Signature]

Specialist (Print) PAT SANDGES

Specialist (Signature) [Signature]

Re-inspection Date: _____