

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988
 Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <i>CVS Pharmacy</i>		Inspection Date: <i>4/22/16</i>	
Address: <i>869 Newville Rd, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <i>CVS/Lanos California LLC</i>	Phone No.: <i>865-4743</i>	Inspection Time: <i>11:50 am</i>	Permit Exp. Date:
Certified Food Handler: <i>- Packaged Food -</i>		Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small>	
Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:			
Applicable Law <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</i> (See reverse side of sheet for summary)			

In = In compliance		N/A = Not Applicable		N/O = Not Observed		Maj = Major violation		Out = Items not in compliance		COS = Corrected On Site	
Critical Risk Factors for Disease						Maj	Out	COS		Out	COS
<input checked="" type="checkbox"/> In					1. Demonstration of knowledge					24. Person in charge present and performs duties	
<input checked="" type="checkbox"/> In					2. Communicable disease restrictions					25. Personal cleanliness and hair restraints	
<input checked="" type="checkbox"/> In	N/O				3. Discharge of eyes, nose, mouth					26. Approved thawing methods used	
<input checked="" type="checkbox"/> In	N/O				4. Eating, tasting, drinking, tobacco use					27. Food separated and protected	
<input checked="" type="checkbox"/> In	N/O				5. Hands clean & properly washed, glove use					28. Washing fruits and vegetables	
<input checked="" type="checkbox"/> In					6. Handwashing facilities available		X			29. Toxic substances properly identified, stored and used	
<input checked="" type="checkbox"/> In	N/A	N/O			7. Proper hot and cold food holding temps					30. Food storage, 31. Self service, 32. Labeled	
<input checked="" type="checkbox"/> In	N/A				8. Time as a public health control, records					33. Nonfood contact surfaces clean	
<input checked="" type="checkbox"/> In	N/A	N/O			9. Proper cooling methods					34. Warewashing facilities maintained, test strips	
<input checked="" type="checkbox"/> In	N/A	N/O			10. Proper cooking time and temps					35. Equipment, utensils, approved, clean good repair	
<input checked="" type="checkbox"/> In	N/A	N/O			11. Reheating temperature for hot holding					36. Equipment, utensils and linens, storage and use	
<input checked="" type="checkbox"/> In	N/A	N/O			12. Returned and reservice of food					37. Vending Machines	
<input checked="" type="checkbox"/> In					13. Food safe and unadulterated					38. Adequate ventilation and lighting	
<input checked="" type="checkbox"/> In	N/A	N/O			14. Food contact surfaces clean and sanitized					39. Thermometers provided and accurate	
<input checked="" type="checkbox"/> In					15. Food from approved source					40. Wiping cloths properly used and stored	
<input checked="" type="checkbox"/> In	N/A	N/O			16. Shell stock tags, 17. Gulf Oyster regs					41. Plumbing, proper backflow prevention	
<input checked="" type="checkbox"/> In	N/A	N/O			18. Compliance with HACCP plan					42. Garbage properly disposed; facilities maintained	
<input checked="" type="checkbox"/> In	N/A	N/O			19. Advisory for raw/undercooked food					43. Toilet facilities supplied, properly constructed, clean	
<input checked="" type="checkbox"/> In	N/A				20. Health care/ School prohibited food					44. Premises clean, vermin proof; personal items separate	
<input checked="" type="checkbox"/> In					21. Hot & cold water. Temp: <i>126</i> °F					45. Floors, walls and ceilings maintained and clean	
<input checked="" type="checkbox"/> In					22. Wastewater properly disposed					46. No unapproved living or sleeping quarters	
<input checked="" type="checkbox"/> In					23. No rodents, insects, birds, animals					47. Signs posted; Permit & inspection report available	
										48. Plan Review Required	

No PHF []					
°F	Food	Location	°F	Food	Location
	<i>38 Milk</i>	<i>Display/Walk-in cooler</i>			

Comments:

6) Provide towels from a dispenser in restrooms.

Received By: *[Signature]* REHS: *John H. Wells*