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

Date of Inspection: 24 APR 15

Facility Name: PORTOLA VILLAGE PHARMACY Phone Number 832-4218 PR ID # 246
Facility Site Address: 157 COMMERCIAL City: PORTOLA Zip
Permit #: 15-135858 Exp Date: 3/22/16 Permit Holder: KIBBLE ENTERPRISES INC
Type of Inspection: Routine

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** | | | |
| X | | 1. Demonstration of knowledge; food safety certification | | | |
| Food Safety Cert Name: KAREN KIBBLE | | Exp. Date 11/1/19 | | | |
| | | **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 | | | |

| In | N/O-N/A | | COS | MAJ | OUT |
|---|---|---|---|---|---|
| | | **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 | | | |
| | | **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 120°F | | | |
| | | **LIQUID WASTE DISPOSAL** | | | |
| X | | 22. Sewage and wastewater properly disposed | | | |
| | | **VERMIN** | | | |
| X | | 23. No rodents, insects, birds, or animals | | | |

| | OUT |
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| **SUPERVISION** | |
| 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 | |

| | OUT |
|---|---|
| 39. Thermometers provided and accurate | |
| 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) Roxanna Snyder Title Fountain Employee

Received by (Signature) Roxanna Snyder

Specialist (Print) Rob Robinette Specialist (Signature) Re-inspection Date: ~6 MOS