



Date of Inspection: 2/9/16

Facility Name: Rife Aio Phone Number 283-1809 PR ID # 28
 Facility Site Address: 40 S. Main City: Quincy Zip 95971
 Permit #: 16-140604 Exp Date: 2/1/17 Permit Holder: TIMOTHY PAYLESS 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				
Food Safety Cert Name: <u>Betty Mealey</u> Exp. Date <u>3/1/18</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X				
X				
X				
PREVENTING CONTAMINATION BY HANDS				
X				
X				
TIME AND TEMPERATURE RELATIONSHIPS				
X				
X				
X				
X				
PROTECTION FROM CONTAMINATION				
X				
X				
X				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
X				
X				
X				
CONFORMANCE WITH APPROVED PROCEDURES				
X				
CONSUMER ADVISORY				
X				
Highly Susceptible Populations				
X				
WATER/HOT WATER				
X				
Temp <u>130°F +</u>				
LIQUID WASTE DISPOSAL				
X				
VERMIN				
X				

	OUT
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	X
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) Betty Mealey Title _____
 Received by (Signature) Betty Mealey
 Specialist (Print) Pat Sanders Specialist (Signature) [Signature] Re-inspection Date: _____

Facility Name: Rite Aid

FA ID # 28

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OBSERVATIONS AND CORRECTIVE ACTIONS

30. STORE ALL FOOD UP OFF OF FLOOR A MIN 6". BEER & SODA TO BE STORED ON PALLETS IN BACK STORAGE AREA.

Received by (Print) Betty Mearley

Title

Received by (Signature) Betty Mearley

Specialist (Print) PAT SANDER

Specialist (Signature) [Signature]

Re-inspection Date: