



Date of Inspection: 12/23/23

Facility Name: <u>PORTOLA VILLAGE PHARMACY</u>	Phone Number: _____	PR ID # <u>241</u>
Facility Site Address: <u>157 Commercial St</u>	City: <u>Portola</u>	Zip: <u>96122</u>
Permit #: <u>23-208</u>	Exp Date: <u>5/1/24</u>	Permit Holder: <u>Compton and Crabtree, Inc</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 = 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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/>				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>MOIRA SWING</u> Exp Date: <u>9/12/24</u>				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>				
2. Communicable disease; reporting, restrictions & exclusions				
<input checked="" type="checkbox"/>				
3. No discharge from eyes, nose, and mouth				
<input checked="" type="checkbox"/>				
4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>				
5. Hands clean and properly washed; gloves used properly				
<input checked="" type="checkbox"/>				
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>				
7. Proper hot and cold holding temperatures <u>ICE CREAM</u>				
<input checked="" type="checkbox"/>				
8. Time as a public health control; procedures & records				
<input checked="" type="checkbox"/>				
9. Proper cooling methods				
<input checked="" type="checkbox"/>				
10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/>				
11. Proper reheating procedures for hot holding				
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>				
12. Returned and re-service of food				
<input checked="" type="checkbox"/>				
13. Food in good condition, safe and unadulterated				
<input checked="" type="checkbox"/>				
14. Food contact surfaces: clean and sanitized				

<b>FOOD FROM APPROVED SOURCES</b>			
<input checked="" type="checkbox"/>			
15. Food obtained from approved source			
<input checked="" type="checkbox"/>			
16. Compliance with shell stock tags, condition, display			
<input checked="" type="checkbox"/>			
17. Compliance with Gulf Oyster Regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>			
<input checked="" type="checkbox"/>			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>			
<input checked="" type="checkbox"/>			
19. Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>			
<input checked="" type="checkbox"/>			
20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>			
<input checked="" type="checkbox"/>			
21. Hot and cold water available Temp <u>120°F</u>			
<b>LIQUID WASTE DISPOSAL</b>			
<input checked="" type="checkbox"/>			
22. Sewage and wastewater properly disposed			
<b>VERMIN</b>			
<input checked="" type="checkbox"/>			
23. No rodents, insects, birds, or animals			

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
<input checked="" type="checkbox"/>				
24. Person in charge present and performs duties				
<b>PERSONAL CLEANLINESS</b>				
<input checked="" type="checkbox"/>				
25. Personal cleanliness and hair restraints				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
<input checked="" type="checkbox"/>				
26. Approved thawing methods used, frozen food				
<input checked="" type="checkbox"/>				
27. Food separated and protected				
<input checked="" type="checkbox"/>				
28. Washing fruits and vegetables				
<input checked="" type="checkbox"/>				
29. Toxic substances properly identified, stored, used				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
<input checked="" type="checkbox"/>				
30. Food storage; food storage containers identified				
<input checked="" type="checkbox"/>				
31. Consumer self-service				
<input checked="" type="checkbox"/>				
32. Food properly labeled & honestly presented				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				
<input checked="" type="checkbox"/>				
33. Nonfood contact surfaces clean				
<input checked="" type="checkbox"/>				
34. Warewashing facilities: installed, maintained, used; test strips				
<input checked="" type="checkbox"/>				
35. Equipment/ Utensils approved; installed; clean; good repair, capacity				
<input checked="" type="checkbox"/>				
36. Equipment, utensils and linens: storage and use				
<input checked="" type="checkbox"/>				
37. Vending machines				
<input checked="" type="checkbox"/>				
38. Adequate ventilation and lighting; designated areas, use				

		OUT
<input checked="" type="checkbox"/>		
39. Thermometers provided and accurate		
<input checked="" type="checkbox"/>		
40. Wiping cloths: properly used and stored		
<b>PHYSICAL FACILITIES</b>		
<input checked="" type="checkbox"/>		
41. Plumbing: proper backflow devices		
<input checked="" type="checkbox"/>		
42. Garbage and refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>		
43. Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		
44. Premises; personal/cleaning items; vermin-proofing		
<b>PERMANENT FOOD FACILITIES</b>		
<input checked="" type="checkbox"/>		
45. Floor, walls and ceilings: built, maintained, and clean		
<input checked="" type="checkbox"/>		
46. No unapproved private homes/ living or sleeping quarters		
<b>SIGNS/ REQUIREMENTS</b>		
<input checked="" type="checkbox"/>		
47. Signs posted; last inspection report available		
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
<input checked="" type="checkbox"/>		
48. Plan Review		
<input checked="" type="checkbox"/>		
49. Permits Available		
<input checked="" type="checkbox"/>		
50. Impoundment		
<input checked="" type="checkbox"/>		
51. Permit Suspension		

Received by (Print) Moira Swing Title \_\_\_\_\_  
Received by (Signature) Moira Swing  
Specialist (Print) Dennis Eck Specialist (Signature) \_\_\_\_\_  
Re-inspection Date: Next Routine

ICE CREAM only  
good sanitation observed.