



**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: Walgreens Permit Holder: \_\_\_\_\_  
 Address: 855 Colusa Ave city: Yuba City Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Computer #: 2072

- Initial  Ongoing  Re-inspection  Complaint  Complaint Re-inspection  Consultation  Construction  Change of Ownership

Unmarked Items = In Compliance, Not observed, or Not Applicable

COS = Corrected on Site MAJ = Major Violation MIN = Minor Violation (see reverse side for California code section)

**NO VIOLATIONS**

*Major violations pose a threat to public health and must be corrected immediately. Non-compliance may warrant closure of the food facility.*

RISK FACTOR INTERVENTIONS			
	INITIAL	MAJ	MIN
<b>DEMONSTRATION OF KNOWLEDGE</b>			
1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: _____ Exp. Date: _____			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>			
2. Communicable disease; reporting, restrictions & exclusions			
3. No discharge from eyes, nose, or mouth; no open wounds			
4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>			
5. Hands clean and properly washed; gloves used properly			
6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>			
7. Proper hot and cold holding temperatures			
8. Time as a public health control; procedures & records			
9. Proper cooling methods			
10. Proper cooking time & temperatures			
11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>			
12. Returned and reservice of food			
13. Food in good condition: safe and unadulterated			
14a. Food contact surfaces: clean and sanitized			
14b. Proper warewashing and sanitizing procedures			
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other			
Sanitizer Concentration (ppm): _____			
<b>FOOD FROM APPROVED SOURCES</b>			
15. Food obtained from approved source			
16. Compliance with shellstock tags, condition, display			
17. Compliance with Gulf oyster regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>			
19. Raw, undercooked, and confectionary containing alcohol foods			
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>			
20. Licensed health care facilities/public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>			
21. Hot and cold water available			
Ware Sink Temp _____ °F Hand Sink Temp _____ °F			
<b>LIQUID WASTE DISPOSAL</b>			
22. Sewage and wastewater properly disposed			
<b>VERMIN</b>			
23. No rodents, insects, birds, or animals			

APPROVED RETAIL PRACTICES	
SUPERVISION	MIN.
<b>24. Person in charge present and performs duties</b>	
<b>PERSONAL CLEANLINESS</b>	
<b>25. Personal cleanliness and hair restraints</b>	
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
<b>26. Approved thawing methods used, frozen food</b>	
<b>27. Food separated and protected</b>	
<b>28. Washing fruits and vegetables</b>	
<b>29. Toxic substances properly identified, stored, used</b>	
<b>FOOD STORAGE/DISPLAY/SERVICE</b>	
<b>30. Food storage; food storage containers identified</b>	
<b>31. Consumer self-service</b>	
<b>32. Food properly labeled &amp; honestly presented</b>	
<b>EQUIPMENT/UTENSILS/LINENS</b>	
<b>33. Nonfood contact surfaces clean</b>	
<b>34. Warewashing facilities: installed, maintained, used; test strips</b>	
<b>35. Equipment/Utensils approved; installed; clean; good repair, capacity</b>	
<b>36. Equipment, utensils and linens: storage and use</b>	
<b>37. Vending machines</b>	
<b>38. Adequate ventilation and lighting; designated areas, use</b>	
<b>39. Thermometers provided and accurate</b>	
<b>40. Wiping cloths: properly used and stored</b>	
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia	
Sanitizer Concentration (ppm): _____	
<b>PHYSICAL FACILITIES</b>	
<b>41. Plumbing: proper backflow devices</b>	
<b>42. Garbage and refuse properly disposed; facilities maintained</b>	
<b>43. Toilet facilities: properly constructed, supplied, cleaned</b>	
<b>44a. Premises kept free of debris and unnecessary equipment</b>	
<b>44b. Appropriate use of equipment</b>	
<b>44c. Janitorial area, provided maintained, and kept clean</b>	
<b>44d. Employee personal items stored in approved location</b>	
<b>44e. Facility is equipped to prevent vermin entrance/harborage</b>	
<b>PERMANENT FOOD FACILITIES</b>	
<b>45. Floor walls and ceilings: built, maintained, and clean</b>	
<b>46. No unapproved private homes/living or sleeping quarters</b>	
<b>SIGNS/REQUIREMENTS</b>	
<b>47. Signs posted; last inspection report available</b>	
<b>COMPLIANCE ENFORCEMENT</b>	
<b>48. Plan Review</b>	
<b>49. Permits Available</b>	
<b>50. Impoundment</b>	
<b>51. Permit Suspension</b>	
<b>52. Other</b>	
<b>NON-PERMANENT FOOD FACILITIES</b>	
<b>53. Mobile Food Facilities</b>	
<b>54. Temporary Food Facilities</b>	

Owner/Operator: Tom Klem Title: \_\_\_\_\_

REHS: [Signature] Form Updated 04/2008