

State of Ohio

Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility CVS Pharmacy U134	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number 2020	Date 11/17/17
Address 1009 E Main St Greenville	Category/Descriptive CIS		
License holder CVS Pharmacy	Inspection time (min)	Travel time (min)	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint	<input type="checkbox"/> Follow up <input type="checkbox"/> Prelicensing	<input type="checkbox"/> Foodborne <input type="checkbox"/> Consultation	<input type="checkbox"/> 30 day <input type="checkbox"/> Other <i>specify</i>
Follow-up date (if required)		Sample date/result (if required)	

3717-1 OAC Violation Checked

Management and Personnel

<input type="checkbox"/>	2.1	Employee health
<input type="checkbox"/>	2.2	Personal cleanliness
<input checked="" type="checkbox"/>	2.3	Hygienic practices
<input checked="" type="checkbox"/>	2.4	Supervision

Food

<input type="checkbox"/>	3.0	Safe, unadulterated and honestly presented
<input type="checkbox"/>	3.1	Sources, specifications and original containers
<input type="checkbox"/>	3.2	Protection from contamination after receiving
<input type="checkbox"/>	3.3	Destruction of organisms
<input type="checkbox"/>	3.4	Limitation of growth of organisms
<input type="checkbox"/>	3.5	Identity, presentation, on premises labeling
<input type="checkbox"/>	3.6	Discarding or reconditioning unsafe, adulterated
<input type="checkbox"/>	3.7	Special requirements for highly susceptible populations

Equipment, Utensils, and Linens

<input type="checkbox"/>	4.0	Materials for construction and repair
<input type="checkbox"/>	4.1	Design and construction
<input type="checkbox"/>	4.2	Numbers and capacities
<input type="checkbox"/>	4.3	Location and installation

<input checked="" type="checkbox"/>	4.4	Maintenance and operation
<input type="checkbox"/>	4.5	Cleaning of equipment and utensils
<input type="checkbox"/>	4.6	Sanitizing of equipment and utensils
<input type="checkbox"/>	4.7	Laundrying
<input type="checkbox"/>	4.8	Protection of clean items

Water, Plumbing, and Waste

<input type="checkbox"/>	5.0	Water
<input type="checkbox"/>	5.1	Plumbing system
<input type="checkbox"/>	5.2	Mobile water tanks
<input type="checkbox"/>	5.3	Sewage, other liquid waste and rainwater
<input type="checkbox"/>	5.4	Refuse, recyclables, and returnables

Physical Facilities

<input type="checkbox"/>	6.0	Materials for construction and repair
<input type="checkbox"/>	6.1	Design, construction, and installation
<input type="checkbox"/>	6.2	Numbers and capacities
<input type="checkbox"/>	6.3	Location and placement
<input type="checkbox"/>	6.4	Maintenance and operation

Poisonous or Toxic Materials

<input type="checkbox"/>	7.0	Labeling and identification
<input type="checkbox"/>	7.1	Operational supplies and applications
<input type="checkbox"/>	7.2	Storage and display separation

Special Requirements

<input type="checkbox"/>	8.0	Fresh juice production
<input type="checkbox"/>	8.1	Heat treatment dispensing freezers
<input type="checkbox"/>	8.2	Custom processing
<input type="checkbox"/>	8.3	Bulk water machine criteria
<input type="checkbox"/>	8.4	Acidified white rice preparation criteria
<input type="checkbox"/>	9.0	Facility layout and equipment specifications
<input type="checkbox"/>	20	Existing facilities and equipment

Administrative

<input type="checkbox"/>	901:3-4 OAC
<input type="checkbox"/>	3701-21 OAC

laura.schwartzerman@darkecountyhealth.org

Violation(s)/Comment(s)

2.4C) No employee health policy available at time of inspection. Discussed food and conditional employees are informed in a verifiable manner of their responsibility to report to the PIC information about their health as it relates to diseases that are transmissible through food. Visit our website for an example document.

4.9A) Observed a build-up of debris on the shelves in the milk and egg cooler. Discussed non-food contact surfaces of equipment shall be kept free of accumulation of dust, dirt and food residue. Please clean at a more frequent basis to prevent growth.

Inspected by <i>Jamie Hutchinson</i>	R.S./SIT # 164029	Licensors DCHD
Received by <i>Wanda Roberts</i>	Title Shift Supervisor	Phone (937) 548-8730