FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS/PHARMACY #9828</td>
<td>(401) 770-5324</td>
<td>PR0009589</td>
<td>January 23, 2023</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>574 W LACEY BLVD</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LONGS DRUG STORES CALIFORNIA, LLC</td>
<td>Not Specified</td>
<td></td>
<td>Yatee Patel - REHS</td>
</tr>
</tbody>
</table>

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.

One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: 

None Noted

General Comments:

All pre-packaged food items were observed above the floor.

The store uses the FIFO method for rotating foods.

The cold holding units are all electronically monitored.

The restrooms are maintained by the staff regularly.

Thank you

RESULTS OF EVALUATION: 

<table>
<thead>
<tr>
<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>✕</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reinspection Required: No

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Yatee Patel - REHS

Agency Representative

NOTE: This report must be made available to the public on request
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: CVS/PHARMACY #9828
BUSINESS PHONE: (401) 770-5324
RECORD ID#: PR0009589
DATE: January 19, 2022

FACILITY SITE ADDRESS: 574 W LACEY BLVD
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: LONGS DRUG STORES CALIFORNIA, LLC
CERTIFIED FOOD MANAGER: Not Specified
EXP DATE: 
INSPECTOR: SEMHAR GEBREGZIABIHE

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT
[HSC 114161-114182 & 114257]

Description/Corrective Action: Although the lighting in the facility was in operation, the lights in the employee restroom were not in operation. This needs to be fixed as soon as possible, please let the inspector know via email once this problem is resolved.

General Comments:

Observations:
All refrigeration units holding milk, cheese, deli meats, etc. were holding at 41F and below. Please make sure this stays consistent and adjust the temperature lower if needed.

Freezer units were organized and were holding at 0F or below.

All food was well organized and stored six inches above the floor throughout the store.

Sanitizer was available for use for customers and employees.

Besides the mentioned violation above, the employee and customer bathrooms were supplied with soap, hot water and paper towels.

Overall well maintained facility.

Thank you for your time.

RESULTS OF EVALUATION: X PASS □ NEEDS IMPROVEMENT □ FAIL

Reinspection Required: Yes: □ No: X
Reinspection Date (on or after): N/A

SEMHAR GEBREGZIABIHE
Agency Representative

NOTE: This report must be made available to the public on request
**FOOD SAFETY EVALUATION REPORT**

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<tr>
<td>BUSINESS PHONE:</td>
<td>(559) 582-2875</td>
</tr>
<tr>
<td>RECORD ID#:</td>
<td>PR0009589</td>
</tr>
<tr>
<td>DATE:</td>
<td>October 07, 2020</td>
</tr>
<tr>
<td>FACILITY SITE ADDRESS:</td>
<td>574 W LACEY BLVD</td>
</tr>
<tr>
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<td>HANFORD</td>
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<td>INSPECTOR:</td>
<td>Liliana Stransky - REHS</td>
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The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

**Violation:** None Noted

**General Comments:**

Routine inspection observations -

* Refrigeration units were observed holding temperatures below 41F. Store the gallons of milk inside the walk-in a minimum of six inches above the floor.

* One restroom had the hand washing station with soap, paper towels and hot water, and the other lacked hand soap. Restock the hand soap.

* There were no expired baby products along the baby nutrition isle.

* Overall, the store was observed well maintained.

All employees were observed wearing face masks and practicing safe distancing. Pexi glass was installed along as an additional barrier between customers and cashiers. Thank you for continuing to follow the state guidelines during the pandemic.

A copy of the unsigned report will be emailed to the operator for their facility records. Please contact our department at 559-584-1411 if you have any questions.

**RESULTS OF EVALUATION:**

- [X] PASS
- [ ] NEEDS IMPROVEMENT
- [ ] FAIL

**Reinspection Required:** Yes: [ ] No: [X]

**Reinspection Date (on or after):** N/A

[ ] Potential Food Safety All Star:

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**NOTE:** This report must be made available to the public on request