

Retail Vendor On-Site Review Form

04/04/2015

1. Store Name TEST VENDOR		2. Date		2a. Vendor/Applicant ID A31713	
3. Street Address 201 W. PRESTON				4. Phone # (410) 767-0000	
5. City Baltimore		6. County Baltimore City		7. Zip Code 21201	
8. Check One: Food Store <input type="checkbox"/> Pharmacy <input type="checkbox"/> Combination <input type="checkbox"/>				8a. Number <input type="checkbox"/>	
9. Answer A-F Yes or No		Circle Type of License(s):		Food Store <input type="checkbox"/> Pharmacy <input type="checkbox"/>	
A. Current License? _____		Issuing Agency: DHMH State Board of Pharmacy			
B. Handicapped Access? _____			C. Fixed Location? _____		
D. Minimum Stock ? (From 11 Below) _____			If No, was the Store Room Checked? _____		
E. Sanitary? _____ If not, list conditions in #14			F. STARS Check O.K.? _____		

10. Minimum Stock:

11. Food Item Prices:

	O.K?	If No, enter how much was there	Brand/Type/UPC	Quantity	Max Price
Milk, Whole (4 Gallons), 1% Or Fat-Free, 1 Gallon (10 Gallons)	<input type="checkbox"/>	—		___ GAL	___
Eggs, Large, 1 Dozen (6 Dozen)	<input type="checkbox"/>	—		___ DOZ	___
Cereal, 18 Oz Or Larger, (6 Box Whole Grain, 6 Box Other)	<input type="checkbox"/>	—		___ OZ	___
Juice, 64 Oz Container (6 Bottles, 2 Varieties)	<input type="checkbox"/>	—		___ OZ	___
Juice, Frozen, 11.5-12 Oz Size (9 Cans, 2 Varieties)	<input type="checkbox"/>	—		___ OZ	___
Peanut Butter, 16-18 Oz Cont (6 Jars)	<input type="checkbox"/>	—		___ OZ	___
Beans, Canned, 15 - 16 Oz Can (12 Cans, 3 Varieties)	<input type="checkbox"/>	—		___ OZ	___
Fish, Canned, 3.75 - 7.5 Oz Can, (30 Ounces, 2 Varieties)	<input type="checkbox"/>	—		___ OZ	___
Cheese, Domestic, 16 Oz, (6 Lbs, 4 Varieties)	<input type="checkbox"/>	—		___ OZ	___
Infant Foods, Fruit Or Vegetable, 2nd Stage, 3.5-4 Oz Jar (32 Jars, 2 Varieties Fruit & Veg)	<input type="checkbox"/>	—		___ OZ	___
Infant Foods, Meats 1st Or 2nd Stage, 2.5 Oz Jar (31 Jars, 2 Varieties)	<input type="checkbox"/>	—		___ OZ	___

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10. Minimum Stock:	O.K?	If No, enter how much was there	Brand/Type/UPC	Quantity	Max Price
Gerber Dry Infant Cereal, 8 Or 16 Oz Container (6 Boxes, 2 Varieties (1 Rice)	<input type="checkbox"/>	—		___ OZ	___
Similac Advance (With Iron), Concentrate, 13 Ounce (16 Cans)	<input type="checkbox"/>	—		___ OZ	___
Similac Advance (With Iron), Powder, 12.4 Ounce (24 Cans)	<input type="checkbox"/>	—		___ OZ	___
Enfamil Prosobee, Concentrate, 13 Oz (18 Cans)	<input type="checkbox"/>	—		___ OZ	___
Enfamil Prosobee, Powder, 12.9 Oz (6 Cans)	<input type="checkbox"/>	—		___ OZ	___
Bread (15-16 Oz), Rice (16 Oz), Tortillas (16 Oz) (4 Lbs, 2 Varieties)	<input type="checkbox"/>	—		___ OZ	___
\$32 Fruits And Vegetables, 2 Varieties	<input type="checkbox"/>	—		___ Penny	___
Dry Beans, 1 Lb Bag (3 Lbs, 2 Varieties)	<input type="checkbox"/>	—		___ OZ	___

12. I have reviewed this report of the on-site review and I agree ___/disagree ___ with its accuracy.

13. Store Representative's Comments: _____

Printed Name _____ Title _____

Signature _____ Date _____

14. WIC Representative's Comments: _____

Printed Name _____ Title _____

Signature _____ Date _____