

State of Ohio
Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Kolbs Bakery	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number 1093	Date 12.13.16
Address 11614 Thomas Rd, New Paris	Category/Descriptive 635		
License holder Kolbs Catering	Inspection time (min)	Travel time (min)	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <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

2.1	Employee health
2.2	Personal cleanliness
2.3	Hygienic practices
2.4	Supervision

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

Poisonous or Toxic Materials

7.0	Labeling and identification
7.1	Operational supplies and applications
7.2	Storage and display separation

Food

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

Water, Plumbing, and Waste

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

Special Requirements

8.0	Fresh juice production
8.1	Heat treatment dispensing freezers
8.2	Custom processing
8.3	Bulk water machine criteria
8.4	Acidified white rice preparation criteria
9.0	Facility layout and equipment specifications
20	Existing facilities and equipment

Equipment, Utensils, and Linens

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

Physical Facilities

6.0	Materials for construction and repair
6.1	Design, construction, and installation
6.2	Numbers and capacities
6.3	Location and placement
6.4	Maintenance and operation

Administrative

901-3-4 OAC
3701-21 OAC

** Precision Chlorine Test Paper*

Violation(s)/Comment(s)

4.2I) No test strips available at time of inspection. Please acquire test strips to accurately measure the sanitizer in ppm. Sanitize at a concentration of 50-99 ppm.

4.14) Observed a broken thermometer in the 2 door refrigerator. All cold holding units shall be equipped with a working thermometer. Please replace.

4.5B) PIC stated all utensils were being cleaned as needed. Equipment & food contact surfaces & utensils shall be cleaned

Inspected by <i>Diana Schute</i>	R.S./SIT # 164029	Licenser DCMD
Received by <i>P. Kolb</i>	Title	Phone

State of Ohio
Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Kolbs Bakery	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number 1093	Date 12.13.14
Address 1614 Thomas Rd New Paris		Category/Descriptive C35	
License holder Kolb's Catering	Inspection time (min)	Travel time (min)	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>		Follow-up date (if required)	Sample date/result (if required)

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Administrative

901:3-4 OAC
3701-21 OAC

**Water Sample Taken*

Violation(s)/Comment(s)

4.5B cont) throughout the day at least every 4 hours.

5.1S) Hand sink not operating. Equipment shall be in good repair.

4.6A) PIC stated at current time no sanitizer is being used. Equipment food-contact surfaces and utensils shall be sanitized.

NOTES: Discussed class levels, managers training & body fluid spill clean up kit.

Inspected by <i>Laura Schuster</i>	R.S./SIT # 164029	Licensors DCHD
Received by <i>R. Kolb</i>	Title	Phone