

State of Ohio
Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility The Meat Shop LLC	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number 41	Date 2-7-13
Address 611 S Broadway Greenville		Category/Descriptive C45	
License holder Terri Barga	Inspection time (min)	Travel time (min)	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint		Follow-up date (if required)	Sample date/result (if required)
<input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Precicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>			

3717-1 OAC Violation Checked

Management and Personnel

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

Violation(s)/Comment(s)

6.1A) Observed a floor tile broken by the front cheese case. PIC stated it broke last week and will have maintenance fix it. Discussed floors, walls and ceilings shall be smooth and easily cleanable.

4.45) Observed chicken salad and ham salad containers being reused. Discussed single service articles may not be reused. Please acquire food grade containers.

Inspected by Anna Schirmer	R.S./SIT # 16-4029	Licensors DCHD
Received by Terri Barga	Title	Phone

Retail Food Establishment HACCP / Variance Verification Inspection Report

Authority: Chapter 3717 Ohio Revised Code

Firm Name: <u>The Meat Shop, LLC</u>		License Number: <u>41</u>
Address: <u>6011 S. Broadway</u>		
City: <u>Greenville</u>	State: <u>OH</u>	Zip Code: <u>45331</u>
Date: <u>2-7-18</u>	Follow-up date (if required):	Inspection time (min):

	YES	NO																																							
1. Is there a written HACCP Plan on premises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
2. Has ODA granted a variance for this process?	<input checked="" type="checkbox"/> go to #3	<input type="checkbox"/> go to #4																																							
3. Is the variance letter on file at the firm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
4. Are the firm's monitoring procedures being followed?	<input checked="" type="checkbox"/> go to #6	<input type="checkbox"/> go to #5																																							
5. Check the box of CCP / hazard combination where monitoring procedures in the plan are inadequate or missing.																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Food Safety Hazard</th> <th colspan="7">Location of the CCP</th> </tr> <tr> <th>Receiving</th> <th>Processing</th> <th>Cooking</th> <th>Cooling</th> <th>Packing</th> <th>Storage</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Biological</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Chemical</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Physical</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Food Safety Hazard	Location of the CCP							Receiving	Processing	Cooking	Cooling	Packing	Storage	Other	Biological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. Are process monitoring instruments for the CCPs calibrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
7. Are there records for the calibration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
8. Are appropriate corrective actions taken when a critical limit deviation occurs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
9. Does the firm's record keeping system adequately document the monitoring of each critical limit and any corrective actions taken?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
10. Does the HACCP Plan include end product or in process testing as a verification activity?	<input type="checkbox"/> go to #11	<input checked="" type="checkbox"/> go to #12																																							
11. Most recent test results: Date: _____ Product: _____ Result: _____																																									
12. Are records reviewed and initialed routinely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
13. Do the SSOPs reviewed reflect the sanitary conditions observed during the inspection visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							

Explanation / Comments

<p style="font-size: 1.2em;">Satisfactory at time of inspection.</p>

Inspected by: <u>Xaura Schmeterna</u>	Received by: <u>Lu. Co. A</u>
Licensors: <u>DCHD</u>	Title/ Phone: _____