

**State of Ohio**  
**Food Inspection Report**  
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Las Marias Mexican Grill</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>186</i>	Date <i>4/4/2019</i>
Address <i>1160 E. Russ Rd.</i>	City/Zip Code <i>Greenville / 45331</i>		
License holder <i>Javier M Munoz</i>	Inspection Time <i>1:30</i>	Travel Time <i>10</i>	Category/Descriptive <i>CYS</i>
Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow up date (if required)	Water sample date/result (if required)

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Compliance Status		Compliance Status	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Management, food employees and conditional employee; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		<b>Chemical</b>	
<b>Good Hygienic Practices</b>		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Approved Source</b>		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<p><b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p>	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Food-contact surfaces: cleaned and sanitized			
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Proper hot holding temperatures			
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooking time and temperatures	
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper reheating procedures for hot holding	
20	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperatures	
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures	
22	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures	

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Las Maias Mexican Grill</i>	Type of Inspection <i>Standard</i>	Date <i>4/4/19</i>
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GOOD RETAIL PRACTICES		
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable		
Safe Food and Water	Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pasteurized eggs used where required
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source
Food Temperature Control	Physical Facilities	
40	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
Food Identification	Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Plumbing installed; proper backflow devices
Prevention of Food Contamination		
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
Proper Use of Utensils		
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	

### Observations and Corrective Actions

Mark "X" in appropriate box for COS and R. COS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
45	6-1M	NC	Observed front entrance door not properly shutting and second set of entry doors open. Discussed all outer openings shall be properly protected from entry of pests by having closed/tight fitting doors. PIC stated new doors being installed and will send service receipt + photograph to connor.super@darkcountyhealth.org when complete.	<input type="checkbox"/>	<input type="checkbox"/>
23	3-4H	C	Observed salsa molcajete (housemade) with a date of 3/23/19 and salsa de enchilada dated 3/28/19 in the walk-in cooler. Discussed Ready-to-eat Time/Temperature Controlled for safety food shall be discarded by the 7th day to prevent growth. PIC discarded items	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Roberto</i>	Date: <i>4-4-19</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>[Signature]</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

**State of Ohio**  
**Continuation Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Las Marias Mexican Grill</i>	Type of Inspection <i>Standard</i>	Date <i>4/4/19</i>
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**Observations and Corrective Actions (continued)**

Mark "X" in appropriate box for COS and R. COS=corrected on-site during inspection. R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
<i>23</i>	<i>3.4H</i>	<i>C</i>	<i>(cont.) at the time of inspection.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>13</i>	<i>3.4G</i>	<i>L</i>	<i>Observed no date on the following items in the walk-in cooler = cooked rice, beans, and green leafy spinach. Discussed all RTE TCS foods shall be clearly date marked to indicate day/date by which the food shall be consumed, sold, or discarded for a max of 7 days. Day of prep shall count as day 1. PIC had food employee date products at time of inspection with date of preparation.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>20/19</i>	<i>3.4D</i>	<i>C</i>	<i>Observed shredded pork sitting on tray on cutting board cooling at room temperature. Discussed cooked TCS foods shall be cooled within 2 hrs from 135 to 70°F and from 70 to 41 or below within 4 hrs not exceeding 6 total hrs. PIC stated pork was sitting out for about 30 min to cool before being put in the walk-in. PIC had food employee quickly cool product in freezer to ensure product remains out of TDZ before putting in walk-in cooler.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>54</i>	<i>4.4B</i>	<i>NC</i>	<i>Observed severely scratched &amp; scored cutting surface by employee handwashing sink used for food prep. Discussed cutting surfaces subject to scratching &amp; scoring shall be resurfaced or discarded &amp; replaced if they can not no longer be effectively cleaned &amp; sanitized. PIC stated to flip cutting board to use other side or replace as soon as possible. Also suggested buying handheld cutting boards to place on top to use until issue addressed.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>23</i>	<i>3.4H</i>	<i>C</i>	<i>Observed jalapeños chili in cold hold prep unit with a date of 3/28/19. Discussed RTE TCS foods shall be discarded by day 7 to prevent growth. Discarded at time of inspection.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Roberto</i>	Date: <i>4-4-19</i>
Sanitarian: 	Licensor: <i>PLHS</i>

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# State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Las Marias Mexican Grill</i>	Type of Inspection <i>Standard</i>	Date <i>2/4/19</i>
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**Observations and Corrective Actions (continued)**  
Mark "X" in appropriate box for COS and R. COS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
<i>29</i>	<i>3.4 F</i>	<i>C</i>	<i>Observed lettuce, diced tomato, pico verde, and baby spinach in cold hold prep unit tempted at 43°F. Discussed all cold holding items shall be kept at 41°F or below to prevent growth. All items discarded &amp; replaced w/ fresh from walk-in at time of inspection.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/73</i>	<i>3.4 H</i>	<i>C</i>	<i>CRITICAL CONTROL POINT</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<u><i>TL Time / TEMP CONTROLLED SAFETY POOP</i></u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>Observed homemade <del>sauce</del> sauces - salsa verde &amp; salsa de enchilada - dated 3/23/19 and 3/28/19, respectively. Also observed jalapeno chili in cold hold prep unit with a date of 3/28/19. Discussed RTE TCS products shall be discarded by 7th day. Corrected on site.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/20</i>	<i>3.4 D</i>	<i>C</i>	<u><i>TL TIME / TEMP CONTROLLED FOR SAFETY</i></u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>Observed shredded pork being coded at room temp. Discussed coding procedure to ensure product remains out of TDD as much as possible - <i>135 → 70 → 41°F or below within 6 hrs</i> <i>(2 hrs) (4 hrs)</i> Corrected on site.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/73</i>	<i>3.4 G</i>	<i>C</i>	<u><i>TL TIME / TEMP CONTROLLED FOR SAFETY</i></u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>Observed no dates on rice, beans, and baby spinach in walk-in cooler. Discussed date marking and gave PIC sample date mark calendar to help w/ discard dates on ALL RTE TCS products. Corrected on site.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>NOTE: Start dating prep AND discard dates reheating to 165°F</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* New door sweep on delivery door *</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>ROBERTO</i>	Date: <i>4-4-19</i>
Sanitarian: <i>[Signature]</i>	Licensors: <i>[Signature]</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

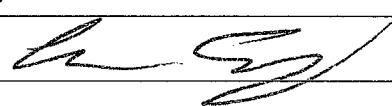
**State of Ohio**  
**Continuation Report**  
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**Observations and Corrective Actions (continued)**

Mark 'X' in appropriate box for COS and R. COS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
			<i>* Email connor.super@darkcountyhealth.org when new entrance doors installed.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>&gt; Thank you</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35127</i>	<i>3.4 F</i>	<i>C</i>	<i>CRITICAL CONTROL POINT</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i><u>IV TIME / TEMP CONTROLLED FOR SAFETY</u></i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>Observed lettuce, diced tomato, pico verde, and baby green spinach tempered &gt; 41°F @ 4:30F. Discussed cold holding must be kept below 41 to prevent growth. Discarded &amp; replaced @ time of inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Roberto</i>	Date: <i>4-4-19</i>
Sanitarian: 	Licensor: <i>MAD</i>