

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

Name of facility Harry Birts Store LLC	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 7009	Date 1/28/2020
Address 501 Main St	City/State/Zip Code New Weston / OH / 45348		
License holder Brad Birt	Inspection Time 90	Travel Time 40	Category/Descriptive C35
Type of Inspection (check all that apply) <input type="checkbox"/> Standard <input 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	
Supervision		
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties	23 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Proper date marking and disposition <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
2 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT Time as a public health control: procedures & records <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Employee Health		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting	Consumer Advisory	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/> N/A	
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	Highly Susceptible Populations	
Good Hygienic Practices		
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT Pasteurized foods used; prohibited foods not offered <input checked="" type="checkbox"/> N/A	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	Chemical	
Preventing Contamination by Hands		
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food additives: approved and properly used <input checked="" type="checkbox"/> N/A	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT No bare hand contact with ready-to-eat foods or approved alternate method properly followed <input type="checkbox"/> N/A <input type="checkbox"/> N/O	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT Toxins/substances properly identified, stored, used <input type="checkbox"/> N/A	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	Conformance with Approved Procedures	
Approved Source		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved sources	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plans <input checked="" type="checkbox"/> N/A	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food received at proper temperature <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Fresh Juice Production <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Heat Treatment Dispensing Freezers <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT Required records available: shellstock tags, parasite destruction <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Custom Processing <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Protection from Contamination		
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food separated and protected <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Bulk Water Machine Criteria <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food-contact surfaces: cleaned and sanitized <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Acidified White Rice Preparation Criteria <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT Critical Control Point Inspection <input checked="" type="checkbox"/> N/A	
Time/Temperature Controlled for Safety Food (TCS food)		
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooking time and temperatures <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT Process Review <input checked="" type="checkbox"/> N/A	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper reheating procedures for hot holding <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT Variance <input checked="" type="checkbox"/> N/A	
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooling time and temperatures <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper hot holding temperatures <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures		

Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

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Name of Facility <i>Harry Biers Store LLC</i>	Type of Inspection <i>Standard</i>	Date <i>1/28/2020</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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Pasteurized eggs used where required		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Plant food properly cooked for hot holding		Hot and cold water available; adequate pressure	
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved thawing methods used		Plumbing installed; proper backflow devices	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Thermometers provided and accurate		Sewage and waste water properly disposed	
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Food properly labeled; original container		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Garbage/refuse properly disposed; facilities maintained	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	901:3-4 OAC	
Washing fruits and vegetables		66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use	

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
23	3.46	L	Asked PIC of deli about date marking. Stated counting out 7 days from prep date for a total of 8 days. Discussed days of opening or prepping shall be counted as day 1 when date marking delimits for a <u>TOTAL</u> of 7 days.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4 B	NL	Walk-in cooler needing cleaned @ the time of inspection. Physical facilities shall be cleaned as often as necessary to keep them clean. PIC stated on cleaning list for daily tasks. Please address - THANKS	<input type="checkbox"/>	<input type="checkbox"/>
36	4.5A	NL	Shelves & racking in retail walk-in needing cleaned @ the time of inspection. Non food contact surfaces shall be cleaned as often	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <i>1-28-20</i>
Sanitarian <i>[Signature]</i>	Licenser: <i>[Signature]</i>

PRIORITY LEVEL: C = CRITICAL NL = NON-CRITICAL

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State of Ohio
Continuation Report

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Name of Facility <i>Harry Birts Store LLC</i>	Type of Inspection <i>Standard</i>	Date <i>1/28/2020</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>necessary to keep them clean. on daily clean log</i>	<input type="checkbox"/>	<input type="checkbox"/>
2	2-4A	NC	<i>No level 2 training. One person per establishment w/ supervisory authority to direct & control food service shall obtain. Please have by next standard. REPEAT!</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<i>* Ceiling tile in Bathroom getting replaced</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* Remember to test for Jec/ ppm on SANIT-</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* Ingredient Book for Bulk Laundry</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* Remembers Hair Restraints for food employees</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>[Signature]</i>	Date: <i>1-28-20</i>
Sanitarian: <i>[Signature]</i>	Licensor: <i>[Signature]</i>