

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

Name of facility <b>TEAFORDS DAIRY STORE</b>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <b>2098</b>	Date <b>7/21/02</b>
Address <b>101 PINE ST</b>	City/State/Zip Code <b>CONEENVILLE, OH 45331</b>		
License holder <b>TEAFORDS DAIRY STORE</b>	Inspection Time <b>60</b>	Travel Time <b>10</b>	Category/Descriptive <b>C35</b>
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
<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 Person in charge present, demonstrates knowledge, and performs duties	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper date marking and disposition <input type="checkbox"/> N/A <input type="checkbox"/> N/O
2 <input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Employee Health</b>	<b>Consumer Advisory</b>
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	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/> N/A
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	<b>Highly Susceptible Populations</b>
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT Pasteurized foods used; prohibited foods not offered <input checked="" type="checkbox"/> N/A
<b>Good Hygienic Practices</b>	<b>Chemical</b>
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food additives: approved and properly used <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	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Toxic substances properly identified, stored, used <input type="checkbox"/> N/A
<b>Preventing Contamination by Hands</b>	<b>Conformance with Approved Procedures</b>
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan <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	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
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	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
<b>Approved Source</b>	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Custom Processing <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	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
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	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
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT Critical Control Point Inspection <input checked="" type="checkbox"/> N/A
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	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT Process Review <input checked="" type="checkbox"/> N/A
<b>Protection from Contamination</b>	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT Variance <input checked="" type="checkbox"/> N/A
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food separated and protected <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	
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food	
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
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	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper reheating procedures for hot holding <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	
20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooling time and temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper hot holding temperatures <input 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.

