State of Ohio Standard Inspection Report

Author	ity: Chapters 3717 ar	nd 3715 Ohio Rev	rised Code		
Name of facility (13)		Check one	License number		Date 1. 6.15
Address- 3 N. Miami 1	Ave Bra	alford	Category/Des	criptive	
Shorton R. Jones Rostaa		Inspection time (min)	Travel time (min)		Other
Type of visit (check) Standard Follow up Foodborne 30 day Complaint Prelicensing Consultation Other specify		Follow-up date (if required)		Sample date/result (if required)	
3717-1 OAC Violation Checked Management and Personnel		·	Poisono	us or Toxic Ma	terials
2.1 Employee health	4.4 Maintenance and operation			7.0 Labeling and identification	
2.2 Personal cleanliness	4.5 Cleaning of equipment and utensils			Operational supplies and applications	
2.3 Hygienic practices	4.6 Sanitizing of equipment and utensils			Storage and dis	
2.4 Supervision	4.7 Laundering				
Food	4.8 Protection of clean items			Special Requirements	
3.0 Safe, unadulterated and honestly presented	Water, Plumbing, and Waste			Fresh juice prod	
3.1 Sources, specification and original containers	5.0 Water				dispensing freezers
3.2 Protection from contamination after receiving	5.1 Plumbing system		8.2	Custom process Bulk water mac	
3.3 Destruction of organisms	5.2 Mobile water tanks		8.4		rice preparation criteria
3.4 Limitation of growth of organisms	5.3 Sewage, other liquid waste and rainwater				nd equipment specifications
3.5 Identity, presentation, on premises labeling	5.4 Refuse, recyclables, and returnables		20	Existing facilitie	
3.6 Discarding or reconditioning unsafe, adulterated					
3.7 Special requirements for highly susceptible populations	Physical Facilities		Administrative		
Equipment, Utensils and Linens	6.0 Materials for construction and repair		901:3-4 OAC		
4.0 Materials for construction and repair	6.1 Design, construction and installation 6.2 Numbers and capacities		3/(01-21 OAC	
4.1 Design and construction	6.3 Location and placemen				
4.2 Numbers and capacities	6.4 Maintenance and operation				
4.3 Location and installation					
Violation(s)/Comment(s)	ry at	time	OF	<u> </u>	rspection.
	ς.	4.	, .b.		
Inspected by Comment and Comme	el R.S./BIT	S/ Licensor	ark	7 (DAD]
Received by)	Title			Phone	e
HEA 530212/10 Onio Department of Health AGR 1268 12/10 Onio Department of Agriculture	Distribution: Top copy—Ope		cal health depar	rtment	pgof