

State of Ohio
Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Northtowne Sunoco	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number 2070	Date 5-6-16
Address 1201 Russ Rd Greenville		Category/Descriptive C3S	
License holder Northtowne Sunoco	Inspection time (min) 105	Travel time (min) 15	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other specify		Follow-up date (if required)	Sample date/result (if required)

3717-1 OAC Violation Checked

Management and Personnel

<input checked="" type="checkbox"/> 2.1 Employee health
<input checked="" type="checkbox"/> 2.2 Personal cleanliness
<input type="checkbox"/> 2.3 Hygienic practices
<input type="checkbox"/> 2.4 Supervision

<input type="checkbox"/> 4.4 Maintenance and operation
<input checked="" 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

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

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

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

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

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

Physical Facilities

<input checked="" type="checkbox"/> 6.0 Materials for construction and repair
<input checked="" 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

Administrative

<input type="checkbox"/> 901.3-4 OAC
<input type="checkbox"/> 3701-21 OAC

Violation(s)/Comment(s)

4.5A) observed a build up of debris on the wall behind the pizza oven and around the fountain pop area. Please clean at a more frequent basis to limit debris build up. Non-food contact surfaces of equipment shall be kept free of accumulation of dust and food residue.

4.5A) observed a biscuit and paper / cardboard residue on the floor of the 2 door freezer. Non-food contact surfaces of equipment shall be kept free of accumulation of food residue and other debris.

Inspected by Laura Schunertman	R.S./SIT # 164029	Licenser Darke Co Health Dept
Received by Jindya Smith	Title	Phone



State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

5-6-16

Facility name Northtowne Sunoco	Type of inspection Standard
------------------------------------	--------------------------------

Violation(s)/Comment(s)

(6A) Observed absorbent ceiling tiles in the ware washing area. Ware washing areas shall have smooth, durable and easily cleanable ceiling tiles. Six months will be given to replace the tiles. If you have any questions please, call the health department @ 548-4196.

(6.1J) Observed a build up of debris on the ventilation fans in the woman's, men's restrooms and in the store area. Please, clean the items as soon as possible. Ventilating systems shall be designed so that the intake and exhaust vents do not cause contamination of food and equipment.

NOTES: Education was given how to properly use test strips. Quat strip document given since they no longer have the ppm charge chart in the container.

- Employee health policy, body fluid spill clean up kit, level 2 managers training information was discussed and given

Inspected by Laura Schuette	R.S./SIT # 164029	Licenser Darke Co Health Dept
Received by Kandice Smith	Title	Phone



State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

5-6-16

Facility name Northtowne Sunoco	Type of inspection Standard
------------------------------------	--------------------------------

Violation(s)/Comment(s)

2.2C) Observed an employee going from taking money at the cash reg. to get a piece of pizza off of the pizza oven with a glove on. PIC stated she knows she should wash hands properly before getting a piece of pizza but said it is hard during busy times. Employees shall wash their hand in between the various tasks they do throughout the day. ie) go from taking money to preping pizza or prepping pizza to taking money.

* Remeber to keep dumpster doors closed to reduce rodent issues and accumulation of precipitation

Inspected by Xayla Schmitz	R.S./SIT # 164029	Licenser Darke Co Health Dept
Received by K. Lindsay Smith	Title	Phone