

**State of Ohio**  
**Standard Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |   |                               |                                  |
|--|---|-------------------------------|----------------------------------|
| Name of facility<br><i>Stillwater Valley Golf Club</i>   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License number<br><i>1148</i> | Date<br><i>09-08-16</i>          |
| Address<br><i>9235 Seibt Rd. Bradford</i>  | Category/Descriptive<br><i>C35</i>  |                               |                                  |
| License holder<br><i>Kelly Norris</i>  | Inspection time (min)   | Travel time (min)             | Other                            |
| Type of visit (check)<br><input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day<br><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 type="checkbox"/> | 2.1 | Employee health      |
| <input 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 type="checkbox"/> | 4.5 | Cleaning of equipment and utensils   |
| <input type="checkbox"/> | 4.6 | Sanitizing of equipment and utensils |
| <input type="checkbox"/> | 4.7 | Laundrying                           |
| <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 type="checkbox"/> | 6.0 | Materials for construction and repair  |
| <input 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)**

*- Discussed to monitor dish machine strength. Tested at 50ppm @ inspection.*

*- If handouts on food safety are wanted please call 937-548-4191 x 206 or email megan.kaiser@darkecountyhealth.org.*

*- Food closing November 1, 2016 for the year.*

|                                     |                             |                                 |
|-------------------------------------|-----------------------------|---------------------------------|
| Inspected by<br><i>Megan Kaiser</i> | R.S./SIT #<br><i>143136</i> | Licensors<br><i>Darke Co HD</i> |
| Received by<br><i>[Signature]</i>   | Title                       | Phone                           |