

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility The Meat Shop	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number 41	Date 12-27-14
Address 611 S Broadway Greenville		Category/Descriptive C45	
License holder Terri Barqa	Inspection time (min)	Travel time (min)	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 <i>specify</i>		Follow-up date (if required)	Sample date/result (if required)

3717-1 OAC Violation Checked

Management and Personnel

2.1	Employee health
2.2	Personal cleanliness
2.3	Hygienic practices
2.4	Supervision

Food

3.0	Safe, unadulterated and honestly presented
3.1	Sources, specifications and original containers
3.2	Protection from contamination after receiving
3.3	Destruction of organisms
3.4	Limitation of growth of organisms
3.5	Identity, presentation, on premises labeling
3.6	Discarding or reconditioning unsafe, adulterated
3.7	Special requirements for highly susceptible populations

Equipment, Utensils, and Linens

4.0	Materials for construction and repair
4.1	Design and construction
4.2	Numbers and capacities
4.3	Location and installation

4.4	Maintenance and operation
4.5	Cleaning of equipment and utensils
4.6	Sanitizing of equipment and utensils
4.7	Laundrying
4.8	Protection of clean items

Water, Plumbing, and Waste

5.0	Water
5.1	Plumbing system
5.2	Mobile water tanks
5.3	Sewage, other liquid waste and rainwater
5.4	Refuse, recyclables, and returnables

Physical Facilities

6.0	Materials for construction and repair
6.1	Design, construction, and installation
6.2	Numbers and capacities
6.3	Location and placement
6.4	Maintenance and operation

Poisonous or Toxic Materials

7.0	Labeling and identification
7.1	Operational supplies and applications
7.2	Storage and display separation

Special Requirements

8.0	Fresh juice production
8.1	Heat treatment dispensing freezers
8.2	Custom processing
8.3	Bulk water machine criteria
8.4	Acidified white rice preparation criteria
9.0	Facility layout and equipment specifications
20	Existing facilities and equipment

Administrative

901:3-4 OAC
3701-21 OAC

Violation(s)/Comment(s)

*Discussed new rule changes,
level 2 information given.*

Reviewed variance paperwork.

Inspected by Megan Keller	R.S./SIT # 143136	Licensor Darke Co HO	
Received by Terri Barqa	Title	Phone	

Retail Food Establishment HACCP / Variance Verification Inspection Report

Authority: Chapter 3717 Ohio Revised Code

Firm Name: <i>The Meat Shop</i>		License Number: <i>41</i>
Address: <i>611 S Broadway</i>		
City: <i>Greenville</i>	State: <i>OH</i>	Zip Code: <i>45331</i>
Date: <i>12 27-14</i>	Follow-up date (if required):	Inspection time (min):

		YES	NO					
1.	Is there a written HACCP Plan on premises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
2.	Has ODA granted a variance for this process?	<input checked="" type="checkbox"/> go to #3	<input type="checkbox"/> go to #4					
3.	Is the variance letter on file at the firm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
4.	Are the firm's monitoring procedures being followed?	<input checked="" type="checkbox"/> go to #6	<input type="checkbox"/> go to #5					
5.	Check the box of CCP / hazard combination where monitoring procedures in the plan are inadequate or missing.							
	Food Safety Hazard	Location of the CCP						
		Receiving	Processing	Cooking	Cooling	Packing	Storage	Other
	Biological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are process monitoring instruments for the CCPs calibrated?	<input checked="" type="checkbox"/>						
7.	Are there records for the calibration?	<input checked="" type="checkbox"/>						
8.	Are appropriate corrective actions taken when a critical limit deviation occurs?	<input checked="" type="checkbox"/>						
9.	Does the firm's record keeping system adequately document the monitoring of each critical limit and any corrective actions taken?	<input checked="" type="checkbox"/>						
10.	Does the HACCP Plan include end product or in process testing as a verification activity?	<input checked="" type="checkbox"/> go to #11						
11.	Most recent test results:							
	Date: Product: Result:							
12.	Are records reviewed and initialed routinely?	<input checked="" type="checkbox"/>						
13.	Do the SSOPs reviewed reflect the sanitary conditions observed during the inspection visit?	<input checked="" type="checkbox"/>						

Explanation / Comments

<i>Satisfactory at time of inspection</i>

Inspected by: <i>Ureagan Kellew</i>	Received by: <i>X [Signature]</i>
Licenser: <i>Frank Co HD</i>	Title/ Phone:

