

# State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>The Meat Shop</b>		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number <b>41</b>	Date <b>2-22-17</b>
Address <b>111 S Broadway Greenville</b>			Category/Descriptive <b>C45</b>	
License holder <b>Terri Barga</b>		Inspection time (min)	Travel time (min)	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint		<input type="checkbox"/> Follow up <input type="checkbox"/> Prelicensing <input type="checkbox"/> Foodborne <input type="checkbox"/> Consultation <input type="checkbox"/> 30 day <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)

Reviewed Chlorine concentration for  
sanitizer.

Inspected by <b>Pragm Kellew</b>	R.S./SIT # <b>143136</b>	License # <b>Darko Co #10</b>
Received by <b>Terri Barga</b>	Title	Phone

State of Ohio  
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility The Meat Shop	Type of visit HACCP/Variance	Date 2/22/17
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Violation(s)/Comment(s)

Satisfactory at time of inspection.  
A form will be filled out in  
office and mailed to location.

Inspected by Megan Keller	R.S./SIT # 143136	Licensors Daria Co 7D
Received by The Co 7D	Title	Phone

# Retail Food Establishment HACCP / Variance Verification Inspection Report

Authority: Chapter 3717 Ohio Revised Code

Firm Name: <u>The Meat Shop</u>		License Number: <u>41</u>
Address: <u>1011 S Broadway</u>		
City: <u>Greenville</u>	State: <u>OH</u>	Zip Code: <u>45331</u>
Date: <u>2-22-17</u>	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.																																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Food Safety Hazard</th> <th colspan="7">Location of the CCP</th> </tr> <tr> <th>Receiving</th> <th>Processing</th> <th>Cooking</th> <th>Cooling</th> <th>Packing</th> <th>Storage</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Biological</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Chemical</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Physical</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			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"/>
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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"/>	<input type="checkbox"/>																																							
7.	Are there records for the calibration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
8.	Are appropriate corrective actions taken when a critical limit deviation occurs?	<input checked="" type="checkbox"/>	<input 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"/>	<input 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	<input type="checkbox"/> go to #12																																							
11.	Most recent test results: Date: _____ Product: _____ Result: _____																																									
12.	Are records reviewed and initialed routinely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
13.	Do the SSOPs reviewed reflect the sanitary conditions observed during the inspection visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							

**Explanation / Comments**

<p style="font-size: 1.2em;">No violations at time of inspection.</p>

Inspected by: <u>William Kelley</u>	Received by: <u>1</u>
Licenser: <u>Darke Co FID</u>	Title/ Phone: <u>1</u>

