State of Ohio Standard Inspection Report

Autho	rity: Chapters 3717 ar	nd 3715 Ohio Revis	sed Code		
Name of facility Che		Check one	License numb	er	Date
Triangle Inc.		FSO □ RFE	1169		5.31.16
Address J	Greenvill	_	Category/Desc	criptive	
4036 St Rt 502	greenviii	Unancetion time (min)	Troughtime (m	U lai	Other
License holder Inspection time (min)		Travel time (m	111)	Ottlei	
			<u>O</u> [/:f il\	Sample date/result (if required)
Type of visit (check) Standard Follow up Foodborne 30 day		Follow-up date	e (it requirea)	Sample date/result (if required)	
Complaint. Prelicensing Consu		y	· · · · · · · · · · · · · · · · · · ·		
3717-1 OAC Violation Checked					
Management and Personnel				us or Toxic Ma	
2.1 Employee health	4.4 Maintenance and operation			0 Labeling and identification	
2.2 Personal cleanliness	4.5 Cleaning of equipment and utensils		7.1		
2.3 Hygienic practices	4.6 Sanitizing of equipment and utensils			7.2 Storage and display separation	
2.4 Supervision	4.7 Laundering 4.8 Protection of clean items		Special Requirements		
Food			8.0	8.0 Fresh juice production	
3.0 Safe, unadulterated and honestly presented	Water, Plumbing, and Waste				dispensing freezers
3.1 Sources, specifications and original containers 3.2 Protection from contamination after receiving	5.0 Water			Custom process	
3.2 Protection from contamination after receiving 3.3 Destruction of organisms	5.1 Plumbing system			Bulk water mad	
3.4 Limitation of growth of organisms	5.2 Mobile water tanks			-	rice preparation criteria
3.5 Identity, presentation, on premises labeling	5.3 Sewage, other liquid waste and rainwater5.4 Refuse, recyclables, and returnables				and equipment specifications
3.6 Discarding or reconditioning unsafe, adulterated			20 Existing facilities and equipment		
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			01-21 OAC	on in the second section of the se
4.1 Design and construction	6.2 Numbers and capacitie	_			
4.2 Numbers and capacities	6.3 Location and placement 6.4 Maintenance and operation				
4:3" Location and installation	0.4 Inditionale and operation				
Violation(s)/Comment(s)					
4.7 I) No test strips were available at the time of					
4.21) No test Strips were avaiable at the time of					
inspection. A test kit that accuratly measures the					
pe provided. Mease obtain chlorine based test strips.					
Notas: Dia stated ha lance to capación lancinal					
Notes: PIC Stated he hopes to repair / replace the wall					
as soon as possible in the mens restroom next to girls					
Carles real - locadinación acides Con Has					
LANCE TESTIBOYN VIUNCIWOSHING SIGNS FOI THE					
restroom.					
-ININTAY SUMOIA TOKAN.					
NAME ANTONIA					
Inspected by R.S./SIT # Licensor					
18 Much Churtena, 1 91040791 Davre (a Health Doot					
Received by Title Phone					
7 July 7. Wilm OWNER					
HEA 5302 2/12 Ohio Department of Health Distribution: Top copy—Operator, Bottom copy—Local health department					