## **State of Ohio**

## **Standard Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

| Name of facility City Cove, Center   |                               |  | Check one                                | RFE Lic   | License number       |                                       | 8.3.14                                |  |
|--|-------------------------------|--|--|-----------|----------------------|---------------------------------------|---------------------------------------|--|
| Address E. Centra, V   | M                             | 0 V                                      | 1 City                                   | Ca        | itegory/Desc         | criptive                              | •                                     |  |
| License-holder HAN ILLA ON ON  |                               |  | Inspection time (r                       |           | *1                   | vel time (min) Other                  |                                       |  |
| Type of visit (check)  | <u>/</u>                      |  | 4011                                     |           |                      | (if required)                         | Sample date/result (if required)      |  |
| Standard   |                               | 1  | ☐ 30 day<br>☐ Other <i>specify</i>       |           |                      |                                       |                                       |  |
| 3717-1 OAC Violation Checked Management and Personnel  |                               |  |  |           | Poisonou             | ıs or Toxic Ma                        | terials                               |  |
| 2.1 Employee health  | 4.4 Maintenance and operation |  |  |           | 7.0                  | 7.0 Labeling and identification       |                                       |  |
| 2.2 Personal cleanliness   |                               | 4.5 Cleaning of equipment and utensils   |  |           | 7.1                  | Operational supplies and applications |                                       |  |
| 2.3 Hygienic practices   |                               | 4.6 Sanitizing of equipment and utensils |  |           | 7.2                  | 7.2 Storage and display separation    |                                       |  |
| 2.4 Supervision  |                               | 4.7 Laundering                           |  |           | Special Requirements |                                       |                                       |  |
| Food   |                               | 4.8                                      | Protection of clean items                |           |                      | Fresh juice prod                      | luction                               |  |
| 3.0 Safe, unadulterated and honestly presented   | Wate                          | er, P                                    | lumbing, and Waste                       |           |                      |                                       | dispensing freezers                   |  |
| 3.1 Sources, specifications and original containers  |                               |  | Water                                    |           |                      | Custom process                        |                                       |  |
| 3.2 Protection from contamination after receiving  |                               | 5.1                                      | Plumbing system                          |           | <u> </u>             | Bulk water mac                        | · · · · · · · · · · · · · · · · · · · |  |
| 3.3 Destruction of organisms   |                               | 5.2                                      | Mobile water tanks                       |           | 8.4                  | Acidified white                       | rice preparation criteria             |  |
| 3.4 Limitation of growth of organisms  |                               | 5.3                                      | Sewage, other liquid waste and rainwater |           | 9.0                  | Facility layout a                     | nd equipment specifications           |  |
| 3.5 Identity, presentation, on premises labeling   |                               | 5.4                                      | Refuse, recyclables, and returnables     |           | 20                   | Existing facilitie                    | s and equipment                       |  |
| 3.6 Discarding or reconditioning unsafe, adulterated   | Phys                          | hysical Facilities Administrative        |  |           |                      |                                       |                                       |  |
| 3.7   Special requirements for highly susceptible populations  | _                             |  | Materials for construction and repair    |           | 901:3-4 OAC          |                                       |                                       |  |
| Equipment, Utensils, and Linens  |                               |  | Design, construction, and installation   |           |                      | 11-21 OAC                             |                                       |  |
| 4.0 Materials for construction and repair  |                               |  | Numbers and capacities                   | 1         | L                    |                                       |                                       |  |
| 4.1 Design and construction  |                               | 6.3                                      | Location and placement                   |           |                      |                                       | * * *                                 |  |
| 4.2 Numbers and capacities   | 6.4 Maintenance and operation |  |  |           | ·<br>                |                                       |                                       |  |
| 4.3 Location and installation  |                               |  |  |           |                      |                                       |                                       |  |
|  |                               |  |  |           |                      |                                       |                                       |  |
|  |                               |  |  |           |                      |                                       |                                       |  |
| Violation(s)/Comment(s)  |                               |  |  |           |                      |                                       |                                       |  |
| [ 11.1I) (Weenled Shield Missing From Light Fixture  |                               |  |  |           |                      |                                       |                                       |  |
| Closest to the office door. PIC stated work order  |                               |  |  |           |                      |                                       |                                       |  |
| Clisest to the office abor. Pic stated work order  |                               |  |  |           |                      |                                       |                                       |  |
| I <u>nus peen blaced and</u> they plan to replace entire   |                               |  |  |           |                      |                                       |                                       |  |
| fixture due to cost. Discussed light bulbs, shall be   |                               |  |  |           |                      |                                       |                                       |  |
|  |                               |  |  |           |                      |                                       |                                       |  |
| Shielded in areas where there is exposed food.   |                               |  |  |           |                      |                                       |                                       |  |
|  |                               |  | 1 1 .                                    |           | ļ .                  |                                       | _                                     |  |
| MARE, Canter MST VOIDION delmorit manderday affarmana  |                               |  |  |           |                      |                                       |                                       |  |
| Linnico, Cerrici Jusi recreven actively desicional attention   |                               |  |  |           |                      |                                       |                                       |  |
| I tems in trias freezer still held to be all but   |                               |  |  |           |                      |                                       |                                       |  |
|  |                               |  |  |           |                      |                                       |                                       |  |
|  |                               |  |  |           |                      |                                       |                                       |  |
| Discussed body   | V -                           | 1  | uici Clean uv                            | K-17      | -3 (                 | MULL                                  | VEENDONCY                             |  |
| ette on a field by   | 1                             |  | ID CACIT #                               |           |                      | , ,                                   |                                       |  |
| Inspected by   |                               |  | R.S./SIT# Lices                          |           | Va A.                | - 11N                                 | VILLA MARL                            |  |
| Respired by  |                               |  |  | /W/       | <u> </u>             | U TIT                                 | ALTYL DEPT                            |  |
| Received by Title Phone  |                               |  |  |           |                      |                                       |                                       |  |
| HEA 5302 2/12 Ohio Department of Health Distribution: Top copy—Operator, Bottom copy—Local health department |                               |  |  |           |                      |                                       |                                       |  |
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## **Critical Control Point Inspection**

Authority: Chapter 3717 Ohio Revised Code

License number

8.3.16

Name of facility

| Address Central Union City   | Category/Descriptive                |   |
|--|-------------------------------------|---|
| JAG Heathrare  | Inspection time (min)               | Travel time (min)   |
| Comments:  | SOMINIS                             | 19 Maris  |
| Satisfactory at time   | of Inspectio                        | η   |
|  |                                     |   |
| (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  |                                     |   |
|  |                                     |   |
| Selection for the selection of the selec |                                     |   |
|  |                                     |   |
| Temperature Log  |                                     |   |
| Indicate state food is in<br>(receiving, storage, Temperature<br>preparation,cooling,<br>holding, reheating, etc.)   | Food item                           | ndicate state food is in<br>(receiving, storage, Temperature<br>preparation, cooling,<br>olding, reheating, etc.) |
| Milk Cold hold 40° Chicken Strips not hold 194. Chicken Strips not hold 194. Ravioli Cooking 58 Ravioli Cheese Cooking 94°   |                                     | oning, teleating, etc./   |
| Inspected by Churc Inc. Riskstrate Church Ch | Densor<br>Densor<br>le              | Phone   |
| HEA (Rev. 5350 2/12) Ohio Dept. of Health Distribution: Top copy—operator,   | Bottom copy—Local health department | pg of   |