State of Ohio

Standard Inspection Report

Autho	rity:	Cna	apters 3/1/ and 3/15 Onio Rev	risea	Code			
Name of acility	1 6 4	n	Check one	Licen	se num	Per ₂	Date)	
Wallne Healthcave Green Preso DRFE				///		2	01517	
7						Category/Descriptive		
Lago Sureitzer St	-	1	Greenville	(4	5		
License holder	Inspection time (min)	Travel	time (r	nin)	Other			
Mayne Health	ľÜ	M	P.					
[Type of visit (check)						e (if required)	Sample date/result (if required)	
© Standard ☐ Follow up ☐ Foodborne ☐ 30 day								
Complaint Prelicensing Consu	iitatio	n	Other specify					
3717-1 OAC Violation Checked								
Management and Personnel	_					us or Toxic Ma		
2.1 Employee health		ļ	Maintenance and operation		7.0 Labeling and identification			
2.2 Personal cleanliness	-	4.5	Cleaning of equipment and utensils	_	7.1			
2.3 Hygienic practices		4.6 4.7	Sanitizing of equipment and utensils Laundering	_	7.2	Storage and dis	play separation	
2.4 Supervision			Protection of clean items		- Special Requirements			
Food					8.0 Fresh juice production			
3.0 Safe, unadulterated and honestly presented 3.1 Sources, specifications and original containers	Wat	_	lumbing, and Waste		8.1		dispensing freezers	
3.1 Sources, specifications and original containers 3.2 Protection from contamination after receiving		_	Water		8.2	<u> </u>		
3.3 Destruction of organisms		5.1	Plumbing system	_	8.3			
3.4 Limitation of growth of organisms		5.2 5.3	Mobile water tanks Sewage, other liquid waste and rainwater		8.4		rice preparation criteria	
3.5 Identity, presentation, on premises labeling		5.4	Refuse, recyclables, and returnables		9.0	Existing facilitie	nd equipment specifications	
3.6 Discarding or reconditioning unsafe, adulterated	L	L			20	Existing facilitie	is and equipment	
3.7 Special requirements for highly susceptible populations	Phys		Facilities	;	Administrative			
Equipment, Utensils, and Linens			Materials for construction and repair	_		11:3-4 OAC		
4.0 Materials for construction and repair		6.1 6.2	Design, construction, and installation Numbers and capacities	_	37	01-21 OAC		
4.1 Design and construction	\vdash	6.3	Location and placement					
4.2 Numbers and capacities	6.4 Maintenance and operation							
4.3 Location and installation	<u> </u>					1-TEMP T	HERMOLABEL ®	
						black as	160°F	
						Is reached	1 60	
Violation(s)/Comment(s)								
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		- 10	+				,	
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Inspected by	T		R.S./SIT#/2/2 Licensor	100	Va	10	4//)	
(1169/WVI Mellel)	/		1 1 7 2124 1 1/1		C	W	1710	
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Critical Control Point Inspection

Authority: Chapter 3717 Ohio Revised Code

Name of facility Wayne Healthcare	Licensornumber	3-15-17
Wayne Haurreure		01/2//
835 Sweitzer St. Greenville	Category/Descriptive	
License holder	Inspection time (min)	Travel time (min)
Wayne Hearth cave		
Comments:		
	:	
No Violations at	time of	inspection.
	· .	
	. *	
Temperature Log		

Food item	Indicate state food is in (receiving, storage, preparation,cooling, holding, reheating, etc.)	Temperature	Food item	Indicate state food is in (receiving, storage, preparation, cooling, holding, reheating, etc.)	Temperature			
mac salad	and Hold	38 F	Dasta Balad	And Land	39'F			
Sausage aravy	Hot Hold	140F	Sallsane link	HOT HOLD	137F			
1995	Hot Hold	170F	oatmeal	Hot Hold	1475			
chicken Salad	Cold Hold	33F	18 HUCE	Cold Hold	35F			
Ham Sand.	Cold Hold	34F	Ham-Sliced	COLA HOLD	37'F			
Safad.	Cold Hold	35 F	Potlage cheese	Cold Hold	36F			
Tut truit	Cold Hold	34'F	7					
Inspected by Ketler 149134 Licenson Ketler 149134 Licenson								
Received by My Now	W		Title AV OF MANYAN	Phone				
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