



# Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Winners Meat Market</b>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number <b>2037</b>	Date <b>11-15-14</b>
Address <b>45 MAIN ST Osgood</b>	Category/Descriptive <b>C3S</b>		
License holder <b>TRAVIS WINNER</b>	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"/> Preclicensing <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**

<input type="checkbox"/>	2.1	Employee health
<input type="checkbox"/>	2.2	Personal cleanliness
<input type="checkbox"/>	2.3	Hygienic practices
<input type="checkbox"/>	2.4	Supervision

<input type="checkbox"/>	4.4	Maintenance and operation
<input type="checkbox"/>	4.5	Cleaning of equipment and utensils
<input type="checkbox"/>	4.6	Sanitizing of equipment and utensils
<input type="checkbox"/>	4.7	Laundrying
<input type="checkbox"/>	4.8	Protection of clean items

**Poisonous or Toxic Materials**

<input type="checkbox"/>	7.0	Labeling and identification
<input type="checkbox"/>	7.1	Operational supplies and applications
<input type="checkbox"/>	7.2	Storage and display separation

**Food**

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

**Water, Plumbing, and Waste**

<input type="checkbox"/>	5.0	Water
<input type="checkbox"/>	5.1	Plumbing system
<input type="checkbox"/>	5.2	Mobile water tanks
<input type="checkbox"/>	5.3	Sewage, other liquid waste and rainwater
<input type="checkbox"/>	5.4	Refuse, recyclables, and returnables

**Special Requirements**

<input type="checkbox"/>	8.0	Fresh juice production
<input type="checkbox"/>	8.1	Heat treatment dispensing freezers
<input type="checkbox"/>	8.2	Custom processing
<input type="checkbox"/>	8.3	Bulk water machine criteria
<input type="checkbox"/>	8.4	Acidified white rice preparation criteria
<input type="checkbox"/>	9.0	Facility layout and equipment specifications
<input type="checkbox"/>	20	Existing facilities and equipment

**Equipment, Utensils, and Linens**

<input type="checkbox"/>	4.0	Materials for construction and repair
<input type="checkbox"/>	4.1	Design and construction
<input type="checkbox"/>	4.2	Numbers and capacities
<input type="checkbox"/>	4.3	Location and installation

**Physical Facilities**

<input type="checkbox"/>	6.0	Materials for construction and repair
<input checked="" type="checkbox"/>	6.1	Design, construction, and installation
<input type="checkbox"/>	6.2	Numbers and capacities
<input type="checkbox"/>	6.3	Location and placement
<input type="checkbox"/>	6.4	Maintenance and operation

**Administrative**

<input type="checkbox"/>	901:3-4 OAC
<input type="checkbox"/>	3701-21 OAC

**Violation(s)/Comment(s)** - sauerkraut permit from ODH available!

- New Policies available. Discussed to make sure all new employees sign off on the policy.

- Level 2 training complete - make sure ODH certificate is available at inspections.

- Water sample taken.

(3.29) Observed canned products stored on the floor in any storage area. Discussed food shall be stored 4" off the floor to protect from contamination.

(6.1M) Observed screen door on smoke house broke. please repair to protect/prevent pest from entering facility. other door closed.

Inspected by <b>Megan Kaiser</b>	R.S./SIT # <b>143136</b>	Licenser <b>Darke Co Inc</b>
Received by <b>Travis Winner</b>	Title	Phone