State of Ohio

Standard Inspection Report

Autho	rity: Chapters 3717 a	nd 3715 Ohio Revis	sed Code		
Name of facility Address		FSO RFE	License numb	1	2//26/17
401 Magner Ave	Greenvil	e	Category/Desc (Travel time (m	<u>C48</u>	Other
LOD + Z + NCo Type of visit (check) ☐ Standard Follow up ☐ Foodb			Follow-up date	(if required)	Sample date/result (if required)
☐ Complaint ☐ Prelicensing ☐ Consultation Checked Management and Personnel	Itation	fy .	Poisona	ıo or Tovio Mis	davida
	A A Maintenance and av-			is or Toxic Ma	
2.1 Employee health	4.4 Maintenance and ope			Labeling and id	
2.2 Personal cleanliness	4.5 Cleaning of equipmen				pplies and applications
2.3 Hygienic practices	4.6 Sanitizing of equipment	nt and utensils	7.2	Storage and dis	splay separation
X 2.4 Supervision	4.7 Laundering		Spacial I	Requirements	
Pood	4.8 Protection of clean ite	ms			
3.0 Safe, unadulterated and honestly presented	Water, Plumbing, and Waste		-	Fresh juice prod	
3.1 Sources, specifications and original containers					dispensing freezers
3.2 Protection from contamination after receiving	5.0 Water		———	Custom process	
3.3 Destruction of organisms	5.1 Plumbing system			Bulk water mac	
	5.2 Mobile water tanks		8.4	Acidified white	rice preparation criteria
3.4 Limitation of growth of organisms	5.3 Sewage, other liquid v		9.0	Facility layout a	nd equipment specifications
3.5 Identity, presentation, on premises labeling	5.4 Refuse, recyclables, a	nd returnables	20	Existing facilitie	s and equipment
3.6 Discarding or reconditioning unsafe, adulterated	Physical Facilities		- <u></u>		
3.7 Special requirements for highly susceptible populations		1	Administ		
Equipment, Utensils, and Linens	6.0 Materials for construc		┥ ┡━━	:3-4 OAC	
4.0 Materials for construction and repair	6.1 Design, construction, a		370	1-21 OAC	
	6.2 Numbers and capacitie	8			
4.1 Design and construction	6.3 Location and placemer	t	_		
4.2 Numbers and capacities	X 6.4 Maintenance and oper	ation			
4.3 Location and installation					
Violation(s)/Comment(s)	No Nova Cum	0.00			
- Ice Scoop handle;		ops are v	•	J	J
- Lids Wrap have cold hold units.	been pla	ced on p	modu	Cts 1	nthe.
-Santi buckets ho	we been	placed	In t	he c	hip/bevera
-Soap and hand	towels nov	v avaiabl	e. at	hai	Myashing
- Sinks. - Light Shields ha					
	VG YJCTY)	replaced	\ .		
Inspected by Beceived by	R.S./SIT #	N20 Licenson	CHO	Phon	е
my Elle					
ITA COMO OMO OMO DE LA CIU III	man and an and and	_		-	

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pg___of ___

Name of Facility	Type of visit	Date
LI CUITITO	TOHOW-	υρ 1/20/11
Violation(s)/Comment(s)		
- Ceiling in dry storage are	a still has hol	e. Repeat
1 ISSUE SINCE, 9-30-13,		
- No employee health police	y body fluid	spill dean - 17
Violation(s)/Comment(s) - Ceiling in dry storage, area still has hole. Repeat 155UE Since. 9-30-13. - No employee health policy, body fluid spill clear kit or level 2 training.		Spri, cicari o
The second of th	1:	
		·
		47
		E.C.
		F.
Inspected by B.S./SIT#_	Tr.	
Xuua jehuterna 1640	29 Licensor	
Received by Title		Phone.
HEA 5851 2/12 Ohio Department of Health Distribution: Top copy—AGR 1268 Cont. 2/12 Ohio Department of Agriculture	Operator, Bottom copy—Local health departme	ent pa a of a

State of Ohio Standard Inspection Report Authority: Chapters 3717 and 3715 Ohio Revised Code

	inty. Chapters 5717 ar			T
Name of facility		Check one ☐ RFE	License number	Date 4/75/17
Address		^	Category/Descriptive	1/20/17
1 401 Waaner Ave.	Greenville	رُه	C4S	
License holder		Inspection time (min)	Travel time (min)	Other
LODEZ Inc.				
Type of visit (check) Standard Follow up Foods	orne 🗌 30 day		Follow-up date (if required)	Sample date/result (if required)
	Iltation	У		
3717-1 OAC Violation Checked			Daiaanana ay Tavia Me	
Management and Personnel 2.1 Employee health	4.4 Maintenance and oper	ation	Poisonous or Toxic Ma	
2.1 Employee realtif	4.5 Cleaning of equipment			oplies and applications
2.3 Hygienic practices	4.6 Sanitizing of equipmen			splay separation
2.4 Supervision	4.7 Laundering	t dire decision		spray adparation
Food	4.8 Protection of clean iter	ns	Special Requirements	
3.0 Safe, unadulterated and honestly presented	<u> </u>		8.0 Fresh juice prod	
3.1 Sources, specifications and original containers	Water, Plumbing, and Waste			dispensing freezers
3.2 Protection from contamination after receiving	5.0 Vvater 5.1 Plumbing system		8.2 Custom proces 8.3 Bulk water mad	·········
3.3 Destruction of organisms	5.2 Mobile water tanks			rice preparation criteria
3.4 Limitation of growth of organisms	5.3 Sewage, other liquid w	raste and rainwater		and equipment specifications
3.5 Identity, presentation, on premises labeling	5.4 Refuse, recyclables, an			es and equipment
3.6 Discarding or reconditioning unsafe, adulterated	L. I			so and equipment
3.7 Special requirements for highly susceptible populations	Physical Facilities		Administrative	÷
Equipment, Utensils, and Linens	6.0 Materials for construct (6.1 Design, construction, a		901:3-4 OAC 3701-21 OAC	:
4.0 Materials for construction and repair	6.2 Numbers and capacitie			
X 4.1 Design and construction	6.3 Location and placemen			
4.2 Numbers and capacities	6.4 Maintenance and opera			
4.3 Location and installation	The state of the s			
,				
Violation(s)/Comment(s)				
2.4) No ODH CERTHIC	ation avaia	be at t	ime of ir	rspection.
A	lovee that I			dmanagen
responsibility and			A	ontrol
		1/		1 . 0
1 tool preparation	and service	e shall	obtain	level 2
Certification in to	od Prote	ction.		
	•			
2.4) No written Droce	dura Aunial	de for [ned 3 Cond	itional
A.A. NO VITTICE PIDE	mis avaia	DIC TOR T	DOC ! CUICA	11101141
employees to repor	rt intorm	ation ax	sout the	ir nealth
no it related to d	lephone +1	ant are.	trans n	nischle
	126(1262 11	nal arc	11411311	11 J J J J C J
through tood.				7-7-5
Inspected by	R.S./SIT #	Licensor		
Yana lalant	110.6	1029 T	CHD	
Received by	Title	106-11	Pho	ne
				Bridges strategy (strategy
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AGR 1268 2712 Ohio Doportment of Agriculture				ng l of

Name of Facility Camino	Type of visit Standard	Date/ 4/25/1-7
Violation(s)/Comment(s)		
2.4) No Written procedures for.	employees to for	low
When responding to vomiting that involve discharge onto	and d'arrheal e	vents
that involve discharge onto	surfaces in the	food
Service operation.		
13.2K) Observed ice scoop bound	e touching ice in	n drink
3 bar ice container, scoop handle Discussed the scoop handle	ndle touching bec	ins.
Discussed the scoop handl	le Shall be stor	ed out
of the product to protect to	rom cross contami	nation.
Repeat.		
3.20) Observed no licks on food and freezers. Also in sugar & cinnamic	products in ref	rigerator
and treezers. "Discussed to cover	containers to i	protect
From Contamination.		
(200) (1, 200)	11	
3.2M) Observed a wet cloth si	thing on the cou	ntera
PIC Stated Cloth is used to	Wipe counters	D15CUSSED
Cloth's should be held between u	isks in a chemical	Sanitizer,
		0 100
4.17) Ubserved prep table? Stora	up cook line retr	19erator
MISSING their thermomete	rs. <u>Dississed</u> au	U Cold
holding units shall be ear proce	d with a temperatur	e measurine
Jama Chutu 16.402	9 DCMD	x replace.
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State of Ohio

Continuation Report

	Name of Facility Type of visit Type of visit Date 4/25	117
1	Violation(s)/Comment(s)	
1	3.4G) Observed no date on the following products	>
	in the Walk-in cooler: Spicy sauce, Cheada sauce	
	Voast beef. PIC dated Items at time of inspec Discussed that all TCS RTE foods shall be date	40
	DBUSKU That all 165 RIE 1000S Shall be date	
	marked w/ 7 days and consumed/discarded by	
	the 17th day. Critical. Corrected.	
1	5.10) Observed Ice in beverage hand sink and 2	
	empty drink containers in bar sink handwashing	
	Sink's Discussed handwashing sinks shall be	
	accessible at all times to allow employees to wash	
,	hands. Critical.	
1	(e.2B) No soap avaiable at handsink in the dishwash	in
	(e.2B) No soap avaiable at handsink in the dish wash room and the bar sink. Discussed each handwashin	1(1)
	SINK SMILL be provided with a supply of hand cleaning	nd
	liquid traccurately wash bands. Repeats	\preceq
,		
ř	6.20) No paper towels available at handwashing sink in th	1e
	bar avea. Discussed each handwashing sink shall	
	be provided with individual, disposable formels to	174.48
	allow employees to properly dry hands.	
	Inspected by R.S./SIT # (6:4029 Licenson C+10)	11.1
_	Received by Title Phone	
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Name of Facility E C C M N N N N N N N N N N N N	Type of visit 125	17
Violation(s)/Comment(s)		
2.4A) Employee Stated the owner is the	ne PIC and manage	R.
No one else is put in charge when s	he is not here.	
Discussed the license holder shall		
responsible for the food service o		e
that a person in charge with app		
present at the food service operation	on during ALL	
present at the food service operation hours of operation. Critical. Res	peat.	-
,		
4.6A) PIC stated the chip containers	are washed and	
rinsed. Discussed all equipment food		S
Shall be sanitized. Please propert	y wash, timse and	
sanitize the containers.		
(1.1I) Observed light Shields missing	above the clear	
dishes in the warewashing area, veg	gre and meat prep	
rooms. Discussed light bulbs shall be	. Shielded, coated	1
or shatter-resistant in areas who	re there is expos	sed
food and clean equipment.		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(0.41A) Observed a hole in the ceiling		hishigh and a second a second and a second a
	Awaiting for a cov	<u>tracto</u>
Inspected by Church 164029 Licenson	DCHD	1
Received by Title	Phone	والمائنة وال
HEA-5351 2/12 Onio Department of Health Distribution: Top copy—Operator, Bottom copy—Lo	ocal health department)

Name of Facility COMMINO	Type of visit	Date 4/25/17
Violation(s)/Comment(s)	:	
6.4A cont) PIC stated they will Contractor for repair to be co	aet a date from	1
Contractor for vepair to be a	omplete. PIC sta	ted
the air conditioner unit will need	to be moved an	rd
existing subfloor removed and	d fully repaired	L. Pleaser
notify health department with	details of repa	ir. The
hole was supposed to be repaired	1 October 2015,	The
Criling Shall be repaired So tha		
easily cleanable and non-absor		From
Contamination and allowing celling	to be cleaned	
Molac Discussion I am always I let		
Notes-Discussed employee health and body fluid clean-up	level 2 train	my
and body + wid circly - up	Documents gi	ven,
Inspected by Anatomac R.S./SIT# 11720	Licensor 1)(H)	
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Critical Control Point Inspection

Authority: Chapter 3717 Ohio Revised Code

Name of facility	License number Date
LEI Camino	4/25/17
Address Wagner Ave Greenville	Category/Descriptive
License holder LODEZ TNC.	Inspection time (min) Travel time (min)
Comments:	
III) No soap at handsinks	n the dishwashing area
and bar area. Also no ha	nd towels avaiable at the
bar hand SINK. Discussed	Sinks Shall be supplied
with soap & paper towels to p	
protect from contamination.	
VI) Observed no date on the	following products in the
Walk-in cooler: Spicy Sau	ce, cheese sauce and roast beef,
PIC dated Hems at time of	ins pection. Discussed that
all too RTE foods shall be a	late marked with 7 days and
Consumed / discarded by the	7th day. Corrected.
	•
Ensure to monitor tempera	itures of cold hold products
In the prep table.	
Temperature Log	

remperature 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
Chicken	cold hold	42'F	white cheese	not hold	142'F
tomatoes	cold hold	40 F	hamberger	hot hold	150 F
lettuce	DYPD	53'F	rice 1	hot hold	IHOF
Sour Cream	Cold hob	LIIF	meat	hot hold	173'F
VEGGIEŠ	coldhold	41/F	Chicken tajiti	s cold hold	43°F
Lroast beef	Icold hold	HIF	J	9	with the state of
Milk	Cold hold	MIF			
Trisplected by Compt	7/\\	164020	DCHD		
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