

**State of Ohio**  
**Standard Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

|                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                               |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------|----------------------------------|
| Name of facility<br><i>Greenville Roller Skating Rink</i>                                                                                                                                                                                                                                                                                   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License number<br><i>1077</i> | Date<br><i>1-16-2018</i>         |
| Address<br><i>805 Sater St.</i>                                                                                                                                                                                                                                                                                                             | Category/Descriptive<br><i>Commercial Class 3</i>                                 |                               |                                  |
| License holder<br><i>Darke County General Health District</i>                                                                                                                                                                                                                                                                               | Inspection time (min)                                                             | Travel time (min)             | Other                            |
| Type of visit (check)<br><input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day<br><input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <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**

|     |                      |
|-----|----------------------|
| 2.1 | Employee health      |
| 2.2 | Personal cleanliness |
| 2.3 | Hygienic practices   |
| 2.4 | Supervision          |

|     |                                      |
|-----|--------------------------------------|
| 4.4 | Maintenance and operation            |
| 4.5 | Cleaning of equipment and utensils   |
| 4.6 | Sanitizing of equipment and utensils |
| 4.7 | Laundrying                           |
| 4.8 | Protection of clean items            |

**Poisonous or Toxic Materials**

|     |                                       |
|-----|---------------------------------------|
| 7.0 | Labeling and identification           |
| 7.1 | Operational supplies and applications |
| 7.2 | Storage and display separation        |

**Food**

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

**Water, Plumbing, and Waste**

|     |                                          |
|-----|------------------------------------------|
| 5.0 | Water                                    |
| 5.1 | Plumbing system                          |
| 5.2 | Mobile water tanks                       |
| 5.3 | Sewage, other liquid waste and rainwater |
| 5.4 | Refuse, recyclables, and returnables     |

**Special Requirements**

|     |                                              |
|-----|----------------------------------------------|
| 8.0 | Fresh juice production                       |
| 8.1 | Heat treatment dispensing freezers           |
| 8.2 | Custom processing                            |
| 8.3 | Bulk water machine criteria                  |
| 8.4 | Acidified white rice preparation criteria    |
| 9.0 | Facility layout and equipment specifications |
| 20  | Existing facilities and equipment            |

**Equipment, Utensils, and Linens**

|     |                                       |
|-----|---------------------------------------|
| 4.0 | Materials for construction and repair |
| 4.1 | Design and construction               |
| 4.2 | Numbers and capacities                |
| 4.3 | Location and installation             |

**Physical Facilities**

|     |                                        |
|-----|----------------------------------------|
| 6.0 | Materials for construction and repair  |
| 6.1 | Design, construction, and installation |
| 6.2 | Numbers and capacities                 |
| 6.3 | Location and placement                 |
| 6.4 | Maintenance and operation              |

**Administrative**

|             |
|-------------|
| 901:3-4 OAC |
| 3701-21 OAC |

**Violation(s)/Comment(s)**

*Satisfactory at time of inspection*

|                                        |                             |                                              |
|----------------------------------------|-----------------------------|----------------------------------------------|
| Inspected by<br><i>Grace Winkhoven</i> | R.S./SIT #<br><i>174254</i> | Licensors<br><i>Darke County Health Dept</i> |
| Received by<br><i>[Signature]</i>      | Title<br><i>Manager</i>     | Phone<br><i>937-528-6606</i>                 |