

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

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Jims Drive In</b>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <b>1083</b>	Date <b>7/17/17</b>
Address <b>100 Martz St. Greenville</b>	Category/Descriptive <b>C35</b>		
License holder <b>Willi Powell</b>	Inspection time (min)	Travel time (min)	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint	<input checked="" type="checkbox"/> Follow up <input type="checkbox"/> Prelicensing	<input type="checkbox"/> Foodborne <input type="checkbox"/> Consultation	<input type="checkbox"/> 30 day <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)**

2.4) No ODH certificate available at time of inspection. Discussed at least 1 employee that has supervisory & management responsibilities and the authority to direct and control food preparation and service. Shall obtain level 2 certification in food protection.

All other ~~pre~~ previous violations have been corrected/addressed.

Inspected by <b>Yama Schutera</b>	R.S./SIT # <b>16-4029</b>	Licenser <b>DCHD</b>
Received by <b>Willi Powell</b>	Title	Phone

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Name of facility <b>Jims Drive In</b>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <b>1083</b>	Date <b>7/10/17</b>
Address <b>100 Martz St. Greenville</b>	Category/Descriptive <b>C3S</b>		
License holder <b>Willie Powell</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"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other specify	Follow-up date (if required) <b>1WK</b>		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
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**Food**

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**Equipment, Utensils, and Linens**

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**Physical Facilities**

<input type="checkbox"/> 6.0	Materials for construction and repair
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**Poisonous or Toxic Materials**

<input type="checkbox"/> 7.0	Labeling and identification
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**Special Requirements**

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**Administrative**

<input type="checkbox"/> 901.3-4 OAC
<input type="checkbox"/> 3701-21 OAC

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

2.4) No ODH certificate available at time of inspection. Discussed with at least 1 employee that has supervisory and management responsibilities and the authority to direct and control food preparation and service. Shall obtain level 2 certification in food protection.

2.4C) No employee health policy available at time of inspection. PIC stated the policy is off site being prepared at the present time. Discussed food and conditional employees are informed in a verifiable manner of their

Inspected by <b>Laura Schuter</b>	R.S./SIT # <b>16-4029</b>	Licensors <b>DCHD</b>
Received by <b>Samuel Ymice</b>	Title	Phone

State of Ohio  
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility Jims Drive In	Type of visit Standard	Date 7/10/17
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Violation(s)/Comment(s)

2.4C cont.) responsibility to report to the PIC information about their health as it relates to diseases that are transmissible through food.

2.4C) No written procedures for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the food service operation. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers food and surfaces to vomitus or fecal matter.

3.2C) Observed sliced cheese stored w/ raw hamburger patties in prep table. Discussed food shall be protected from cross contamination by storing RTE foods above raw products. Critical. Corrected at time of inspection.

3.4G) Observed sautéed mushrooms dated 7/8/17 in prep table. Discussed all TCS RTE foods shall be discarded by the 7th day to limit bacterial growth. Critical. Corrected!

Inspected by Yana Schuten	R.S./SIT # 1641029	Licenser DCHD
Received by Ashlee Krue	Title	Phone

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

4.2I) No test strips available at time of inspection.  
Discussed a test kit that accurately measures the concentration in ppm of sanitizing solution shall be provided. Please, aquire.

Inspected by Kama Schuster	R.S./SIT # 164029	Licensors DCHD
Received by [Signature]	Title	Phone