

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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|---|--|---|---|--|
| Name of facility McMillars Carryout | | Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License number 2065 | Date 3-13-17 |
| Address 601 Martin St. Greenville | | Category/Descriptive CIS | | |
| License holder Lisa M. Rench | | Inspection time (min) | Travel time (min) | Other |
| Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint | | <input 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

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

Food

| | | |
|-------------------------------------|-----|---|
| <input type="checkbox"/> | 3.0 | Safe, unadulterated and honestly presented |
| <input type="checkbox"/> | 3.1 | Sources, specifications and original containers |
| <input 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 checked="" 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 |

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 |

| | | |
|-------------------------------------|-----|--------------------------------------|
| <input type="checkbox"/> | 4.4 | Maintenance and operation |
| <input checked="" 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 |

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 |

Physical Facilities

| | | |
|--------------------------|-----|--|
| <input type="checkbox"/> | 6.0 | Materials for construction and repair |
| <input 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 |

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 |

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 |

Administrative

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

Violation(s)/Comment(s)

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

3.5C Observed no labeling by bulk food self-dispensing Swedish fish. Bulk food that is available for consumer

| | | |
|--|------------------------------|--------------------------------|
| Inspected by Alex Schusterma | R.S./SIT # 16-4029 | Licensors DCHD |
| Received by [Signature] | Title Manager | Phone (927) 548-4002 |

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

| | | |
|---|---------------------------|-----------------|
| Name of Facility McMillers Carry Out | Type of visit Standard | Date 3/13/17 |
|---|---------------------------|-----------------|

Violation(s)/Comment(s)

3.5(C) continued) self-dispensing shall be prominently labeled with the manufacturer's /processor's label that was provided with the food OR a card or sign that includes the common name, if made from 2 or more ingredients, a list of ingredients and sub-ingredients in descending order of predominance by weight.

4.5A) Observed a build up of debris on the cold holding shelving unit racks and shelves. Non-food contact surfaces of equipment shall be kept free of an accumulation of dust and other debris.

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|---------------------------------|----------------------|-------------------------|
| Inspected by Anna Schuetzner | R.S./SIT # 164029 | Licenser DCHO |
| Received by [Signature] | Title Manager | Phone (937) 548-4002 |