

State of Ohio
Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Subway</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>115</i>	Date <i>1/18/18</i>		
Address <i>1315 Wagner Ave.</i>	Category/Descriptive <i>Greenville, OH 45331 C3S</i>				
License holder <i>Subway at Miami Valley Inc.</i>	Inspection time (min) <i>140</i>	Travel time (min)	Other		
Type of visit (check)	Follow up <input type="checkbox"/>	Foodborne <input type="checkbox"/>	30 day <input type="checkbox"/>	Follow-up date (if required) <i>Within 1 week</i>	Sample date/result (if required)
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint	<input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other specify				

3717-1 OAC Violation Checked

Management and Personnel

<input type="checkbox"/> 2.1	Employee health
<input checked="" type="checkbox"/> 2.2	Personal cleanliness
<input type="checkbox"/> 2.3	Hygienic practices
<input 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 checked="" type="checkbox"/> 3.2	Protection from contamination after receiving
<input type="checkbox"/> 3.3	Destruction of organisms
<input checked="" 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

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	Laundering
<input checked="" type="checkbox"/> 4.8	Protection of clean items

Water, Plumbing, and Waste

<input type="checkbox"/> 5.0	Water
<input checked="" 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)

2.2(C) Observed an employee wearing gloves touch their face then start making a sandwich. Discussed that all food employees shall clean their hands after touching bare human body parts, to prevent cross-contamination. *CRITICAL

3.2(C) Observed cucumbers and swiss cheese in the meat prep table, not covered. Discussed that foods shall be protected from cross-contamination by storing them in packages, covered containers, or wrappings. Please cover those containers. *CRITICAL

3.4(G) Observed lite mayo packages with Manufacture Use by as 1/5/18. Discussed that an FSO may not exceed a manufacturer's use by date if the manufacturer determined the use-by-date based on food safety to prevent growth. *CRITICAL
Please disregard these packages. *CORRECTED

Inspected by <i>Anthony Winkel</i>	R.S./SIT # <i>16-4117</i>	Licensor <i>MHD</i>
Received by <i>Janice Wilson</i>	Title	Phone

1/18/18

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Facility name <i>Subway</i>	Type of inspection <i>C3S</i>
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Violation(s)/Comment(s)

4.5(a) Observed a build-up of food debris and dust on the dining room pop station grates and filters, as well as, the front containers holding the salad dressings. Discussed that non-food contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Please clean at a more frequent interval to prevent build-up. (REPEAT)*CRITICAL

4.5(b) Observed the back room pop nozzles with a build-up of residue. Discussed that the nozzles shall be cleaned at a frequency necessary to preclude accumulation of soil or mold. Employee cleaning nozzles currently. Please clean at a more frequent interval to prevent growth. (REPEAT)*CRITICAL

4.8(e) Observed multiple food containers being stored on the floor. Discussed that all utensils shall be stored at least 6" above the floor to protect from contamination. Recommend obtaining a storage rack. (REPEAT)*CORRECTED

5.1(d) Observed food debris inside the handwashing sink in the walk. Discussed that a handwashing sink may not be used for purposes other than handwashing, to prevent contamination. Please wash, rinse, and sanitize the handwashing sink before the next use. (REPEAT)*CRITICAL

Notes: Please clean the food debris from the walk-in cooler. Please remind all employees to erase old date mark from the food containers.

Inspected by <i>Brittany Wettig</i>	R.S./SIT # <i>No. 4147</i>	Licensor <i>DCHD</i>
Received by <i>Karen Johnson</i>	Title _____ _____ _____ _____	Phone _____ _____ _____