

State of Ohio

Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility The Meat Shop LLC		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number 41	Date 12/19/17
Address 611 S Broadway Greenville		Category/Descriptive C45		
License holder Terri Barga		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)		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
<input checked="" type="checkbox"/> 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)

3.4 H) Observed bologna with an open date of 12/9 and chicken salad with an expiration date of 12/7 and (2) cole slaws with an expiration date of 12/1/17. PIC voluntarily pulled product for personal use. Discussed RTE TCS foods shall be discarded if it is in a container that exceeds the temperature and time combination to prevent growth. Critical. Corrected at inspection.

Reviewed variance paperwork.

Inspected by <i>Anna Schurterman</i>	R.S./SIT # 16 4029	Licensors DCHO
Received by <i>Terri Barga</i>	Title owner	Phone 12-19-17

Retail Food Establishment HACCP / Variance Verification Inspection Report

Authority: Chapter 3717 Ohio Revised Code

Firm Name: <u>The Meat Shop</u>		License Number: <u>41</u>
Address: <u>611 S Broadway Greenville</u>		
City: <u>Greenville</u>	State: <u>OH</u>	Zip Code: <u>45331</u>
Date: <u>12/13/17</u>	Follow-up date (if required):	Inspection time (min):

		YES	NO																																							
1.	Is there a written HACCP Plan on premises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
2.	Has ODA granted a variance for this process?	<input checked="" type="checkbox"/> go to #3	<input type="checkbox"/> go to #4																																							
3.	Is the variance letter on file at the firm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
4.	Are the firm's monitoring procedures being followed?	<input checked="" type="checkbox"/> go to #6	<input type="checkbox"/> go to #5																																							
5.	Check the box of CCP / hazard combination where monitoring procedures in the plan are inadequate or missing.																																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Food Safety Hazard</th> <th colspan="7">Location of the CCP</th> </tr> <tr> <th>Receiving</th> <th>Processing</th> <th>Cooking</th> <th>Cooling</th> <th>Packing</th> <th>Storage</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Biological</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Chemical</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Physical</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Food Safety Hazard	Location of the CCP							Receiving	Processing	Cooking	Cooling	Packing	Storage	Other	Biological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6.	Are process monitoring instruments for the CCPs calibrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
7.	Are there records for the calibration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
8.	Are appropriate corrective actions taken when a critical limit deviation occurs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
9.	Does the firm's record keeping system adequately document the monitoring of each critical limit and any corrective actions taken?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
10.	Does the HACCP Plan include end product or in process testing as a verification activity?	<input checked="" type="checkbox"/> go to #11	<input checked="" type="checkbox"/> go to #12																																							
11.	Most recent test results: Date: _____ Product: _____ Result: _____																																									
12.	Are records reviewed and initialed routinely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
13.	Do the SSOPs reviewed reflect the sanitary conditions observed during the inspection visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							

Explanation / Comments

<u>Satisfactory at time of inspection.</u>

Inspected by: <u>Laura Schweitzer</u>	Received by: <u>J. B. ...</u>
Licenser: <u>DCHD</u>	Title/ Phone: <u>457-5536</u>