

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Tri-Village Summer Recreation		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number 31	Date 7/7/17
Address Hollansburg Arcanum Rd		Category/Descriptive C35		
License holder Jason Poling		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 <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 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 checked="" type="checkbox"/>	4.1	Design and construction
<input checked="" type="checkbox"/>	4.2	Numbers and capacities
<input type="checkbox"/>	4.3	Location and installation

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

2.4) No level 2 training. Discussed at least one employee that has supervisory & management responsibility & authority to direct & control food preparation and service. Shall obtain the level 2 certification in food protection. Please obtain.

4.14) No thermometers in the 2 lay down freezers in storage barn. Discussed cold hold units shall be equipped with a temperature measuring device. Please obtain.

Inspected by Jana Schinterna	R.S./SIT # 16.4029	Licenser DCHD
Received by Jana Rish	Title	Phone

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility Tri Village Summer Recreation	Type of visit Standard	Date 7/7/17
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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.

4.4N) PIC stated counter tops are cleaned with an all purpose cleaner w/ bleach. Discussed to use an approved sanitizer to sanitize food contact surfaces

Remember to date mark all TSC RTE items if not used within 24 hours.

Inspected by Laura Schuster	R.S./SIT # 16-4029	Licensors DCHD
Received by Laura Schuster	Title	Phone