

# State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Walgreens # 10327</b>		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number <b>74</b>	Date <b>12/11/17</b>
Address <b>1000E Main St Greenville</b>			Category/Descriptive <b>CIS</b>	
License holder <b>Walgreen Co</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 <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 checked="" 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 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 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 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 employee health policy available at time of inspection. Discussed all food and conditional employees are informed in a verifiable manner of their responsibility to report to the PIC information about their health as it relates to diseases that are transmissible through food.~~

~~laura.schwieterman@darkecountyhealth.org~~

No violation @ time of inspection.

Inspected by <b>Laura Schwieterman</b>	R.S./SIT # <b>16-4029</b>	Licenser <b>DCHD</b>
Received by <b>[Signature]</b>	Title	Phone