

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility White Springs Golf Course	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number 1185	Date 8/4/17
Address 3630 St Rt 571 W. Greenville		Category/Descriptive C3S	
License holder Dean Foreman	Inspection time (min) 55	Travel time (min) 15	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 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 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 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 checked="" 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 food and conditional employees are informed in a verifiable manner of their responsibility to report to PIC in charge information about their health as it relates to diseases that are transmissible through food.

4.4N) PIC stated counter food areas are cleaned with simple green. Discussed that an approved commercial sanitizer should be used to sanitize food contact surfaces such

Inspected by Jana Schutena	R.S./SIT # 16-4029	Licensor DC+ID
Received by [Signature]	Title GM	Phone 937-548-6546

State of Ohio
Continuation Report

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Facility name White Springs Golf Course	Type of inspection Standard	8/4/17
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Violation(s)/Comment(s)

4.4N(c)(4) chlorine, iodine or quaternary ammonium. Critical.

3.4G) Observed no date marking on pizza sauce and bacon. PIC dated items at time of inspection. DISCUSSED all TCS RTE foods shall be date marked for 7 days and consumed and/or discarded by the 7th day. Critical. Corrected.

5.4F) Observed the dumpster lids missing from the dumpster. PIC said he had call facility (Rumpke) twice and they have not repaired it yet. Discussed receptacles shall be designed and constructed to have tight fitting lids. Please repair.

Inspected by <i>[Signature]</i>	R.S./SIT # 16-4029	Licenser DCHD
Received by <i>[Signature]</i>	Title GM	Phone 937-548-6546