

**State of Ohio**  
**Standard Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Dairy King</b>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <b>300</b>	Date <b>5/13/18</b>
Address <b>803 Martin St. Greenville</b>	Category/Descriptive <b>C35</b>		
License holder <b>John Baumgardner</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 specify	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 type="checkbox"/>	2.4	Supervision

<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

**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

**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

**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

**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

**Equipment, Utensils, and Linens**

<input type="checkbox"/>	4.0	Materials for construction and repair
<input checked="" type="checkbox"/>	4.1	Design and construction
<input type="checkbox"/>	4.2	Numbers and capacities
<input type="checkbox"/>	4.3	Location and installation

**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

**Administrative**

<input type="checkbox"/>	901:3-4 OAC
<input type="checkbox"/>	3701-21 OAC

**Violation(s)/Comment(s)**

4.1 L) observed the thermometer for stand-up freezer broken + reading "error". All temperature measuring devices shall be kept in proper working order.

4.4 A) observed condensation build up in stand-up freezer, back of walk-in freezer, and around walk-in freezer door. Please keep all equipment in in good repair to prevent contamination of food.

Please contact office about level 2 training + chili re-heating  
 548-41916 x206

Inspected by <i>[Signature]</i>	R.S./SIT # <b>3465</b>	Licensor <b>Darke County</b>
Received by <i>[Signature]</i>	Title <b>5-3-18</b>	Phone