

# State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Dollar General 7406</b>		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number <b>21371</b>	Date <b>3/28/18</b>
Address <b>10743 Key Rd. Versailles</b>		Category/Descriptive <b>CIS</b>		
License holder <b>Dolgen Corp</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 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 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	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)

4.14) No temperature measuring devices in the pizza freezer of the hot r cooler. Discussed all cold hold equipment shall be equipped with a temperature measuring device. Please obtain.

240) PIC is unaware of signing documents for employee health policy. Discussed all food and conditional employees are informed in a verifiable manner to report to the PIC information about their health as it relates to diseases that are transmitted through food. Document/example given on the computer. Please send a copy to our office @ darkcountyhealth.org

Inspected by <b>Laura Schusterma</b>	R.S./SIT # <b>164029</b>	Licenser <b>DCHD</b>
Received by <b>Wesley</b>	Title	Phone <b>darkcountyhealth.org</b>