

State of Ohio

Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>McMillen Carry Out</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number <i>20605</i>	Date <i>6-11-18</i>
Address <i>6001 Martha St.</i>	Category/Descriptive <i>C1</i>		
License holder <i>Lisa Rensch</i>	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"/> Precicensing <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

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

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 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)

4.5A3 Shelves and interior of 5-door milk cooler were in need of cleaning at the time of inspection. Non food contact surfaces shall be kept free of dust, dirt & other accumulation.

2.4C All RFE's shall have written procedure for employees to follow when responding to vomiting, diarrheal, or other bodily fluid spill to minimize exposure and contamination of employees, consumers, & food surfaces. None available at the time of inspection (An example policy was shared with the PIC)

Inspected by <i>Carrie Whitrow</i>	R.S./SIT # <i>2534</i>	Licensors <i>DC HD</i>
Received by <i>Aut R</i>	Title <i>Manager</i>	Phone <i>937-459-2318</i>