

**State of Ohio**  
**Food Inspection Report**  
 Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |   |  |
|---|---|---|--|
| Name of facility<br><b>Beechwood Golf Course</b>  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><b>50</b>             | Date<br><b>2/14/19</b>                 |
| Address<br><b>1476 St. Rt 503</b>   |   | City/Zip Code<br><b>Arcanum / 45304</b> |  |
| License holder<br><b>Bruce Mikesell</b>   | Inspection Time<br><b>60</b>  | Travel Time<br><b>30</b>                | Category/Descriptive<br><b>CSS</b>     |
| Type of Inspection (check all that apply)<br><input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up<br><input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation |   |   | Follow up date (if required)           |
|   |   |   | Water sample date/result (if required) |

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

| Compliance Status  |   | Compliance Status  |   |
|--|---|--|---|
| <b>Supervision</b>   |   | <b>Time/Temperature Controlled for Safety Food (TCS food)</b>  |   |
| 1  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 23   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |
| Person in charge present, demonstrates knowledge, and performs duties                          |   | Proper date marking and disposition  |   |
| 2  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Certified Food Protection Manager  |   | Time as a public health control: procedures & records  |   |
| <b>Employee Health</b>   |   | <b>Consumer Advisory</b>   |   |
| 3  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A   |
| Management, food employees and conditional employee; knowledge, responsibilities and reporting |   | Consumer advisory provided for raw or undercooked foods  |   |
| 4  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | <b>Highly Susceptible Populations</b>  |   |
| Proper use of restriction and exclusion  |   | 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A   |
| 5  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | Pasteurized foods used; prohibited foods not offered   |   |
| Procedures for responding to vomiting and diarrheal events                                     |   | <b>Chemical</b>  |   |
| <b>Good Hygienic Practices</b>   |   | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A   |
| 6  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O  | Food additives: approved and properly used   |   |
| Proper eating, tasting, drinking, or tobacco use   |   | 28   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A   |
| 7  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O  | Toxic substances properly identified, stored, used   |   |
| No discharge from eyes, nose, and mouth  |   | <b>Conformance with Approved Procedures</b>  |   |
| <b>Preventing Contamination by Hands</b>   |   | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A   |
| 8  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O  | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan  |   |
| Hands clean and properly washed  |   | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 9  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Special Requirements: Fresh Juice Production   |   |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed    |   | 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 10   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | Special Requirements: Heat Treatment Dispensing Freezers   |   |
| Adequate handwashing facilities supplied & accessible  |   | 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| <b>Approved Source</b>   |   | Special Requirements: Custom Processing  |   |
| 11   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Food obtained from approved source   |   | Special Requirements: Bulk Water Machine Criteria  |   |
| 12   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Food received at proper temperature  |   | Special Requirements: Acidified White Rice Preparation Criteria  |   |
| 13   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A   |
| Food in good condition, safe, and unadulterated  |   | Critical Control Point Inspection  |   |
| 14   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O            | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A   |
| Required records available: shellstock tags, parasite destruction                              |   | Process Review   |   |
| <b>Protection from Contamination</b>   |   | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A   |
| 15   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance   |   |
| Food separated and protected   |   | <p><b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p> |   |
| 16   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| Food-contact surfaces: cleaned and sanitized   |   |  |   |
| 17   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   |  |   |
| Proper disposition of returned, previously served, reconditioned, and unsafe food              |   |  |   |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b>                                  |   |  |   |
| 18   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O            |  |   |
| Proper cooking time and temperatures   |   |  |   |
| 19   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O            |  |   |
| Proper reheating procedures for hot holding  |   |  |   |
| 20   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O            |  |   |
| Proper cooling time and temperatures   |   |  |   |
| 21   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |   |
| Proper hot holding temperatures  |   |  |   |
| 22   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  |  |   |
| Proper cold holding temperatures   |   |  |   |

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|  |                                       |                        |
|--|---------------------------------------|------------------------|
| Name of Facility<br><i>Beechwood Golf Course</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>2/14/19</i> |
|--|---------------------------------------|------------------------|

### GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

#### Safe Food and Water

|    |   |                                      |
|----|---|--------------------------------------|
| 38 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Pasteurized eggs used where required |
| 39 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Water and ice from approved source   |

#### Food Temperature Control

|    |  |   |
|----|--|---|
| 40 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Proper cooling methods used; adequate equipment for temperature control |
| 41 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Plant food properly cooked for hot holding                              |
| 42 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O            | Approved thawing methods used   |
| 43 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Thermometers provided and accurate                                      |

#### Food Identification

|    |   |   |
|----|---|---|
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food properly labeled; original container |
|----|---|---|

#### Prevention of Food Contamination

|    |   |  |
|----|---|--|
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Insects, rodents, and animals not present/outer openings protected |
| 46 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT   | Contamination prevented during food preparation, storage & display |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Personal cleanliness   |
| 48 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Wiping cloths: properly used and stored                            |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Washing fruits and vegetables                                      |

#### Proper Use of Utensils

|    |   |   |
|----|---|---|
| 50 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | In-use utensils: properly stored                                |
| 51 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Utensils, equipment and linens: properly stored, dried, handled |
| 52 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Single-use/single-service articles: properly stored, used       |
| 53 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Slash-resistant and cloth glove use                             |

#### Utensils, Equipment and Vending

|    |  |   |
|----|--|---|
| 54 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                              | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 55 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Warewashing facilities: installed, maintained, used; test strips                      |
| 56 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Nonfood-contact surfaces clean  |

#### Physical Facilities

|    |  |  |
|----|--|--|
| 57 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Hot and cold water available; adequate pressure            |
| 58 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Plumbing installed; proper backflow devices                |
| 59 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Sewage and waste water properly disposed                   |
| 60 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toilet facilities: properly constructed, supplied, cleaned |
| 61 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Garbage/refuse properly disposed; facilities maintained    |
| 62 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Physical facilities installed, maintained, and clean       |
| 63 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Adequate ventilation and lighting; designated areas used   |
| 64 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Existing Equipment and Facilities                          |

#### Administrative

|    |  |             |
|----|--|-------------|
| 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | 901:3-4 OAC |
| 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 3701-21 OAC |

### Observations and Corrective Actions

Mark "X" in appropriate box for COS and R. COS=corrected on-site during inspection. R=repeat violation

| Item No. | Code Section | Priority Level | Comment  | COS                      | R                        |
|----------|--------------|----------------|--|--------------------------|--------------------------|
| 58       | 5.1D         | C              | Observed no air gap from lines hooked to soda & ice machine in kitchen area. Discussed air gap between water supply and flood level rim of plumbing fixture shall be at least twice the diameter of the water supply inlet, and not less than 1 inch to prevent back siphonage contamination. PIC stated plumbing shall be air gapped before golf season begins. | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 46       | 3.2Y         | NC             | Observed dirty/dusty fan blades for fan used in kitchen area. Discussed fan shall be cleaned before use to prevent airborne contamination of equipment's food, and single-use articles. PIC stated all equipment will receive deep cleaning before golf season begins.   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |

|                      |                                 |
|----------------------|---------------------------------|
| Person in Charge<br> | Date:<br><i>2/14/19</i>         |
| Sanitarian<br>       | Licensor:<br><i>Darke Co HD</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

