

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

Name of facility <i>E1 Camino</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1</i>	Date <i>2-4-19</i>
Address <i>401 Wagner Ave</i>		City/Zip Code <i>Greenville / 45331</i>	
License holder <i>Lopez Inc.</i>	Inspection Time <i>100</i>	Travel Time	Category/Descriptive <i>C45</i>
Type of inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" type="checkbox"/> Follow up <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	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Management, food employees and conditional employee; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
5	<input 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		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <input type="checkbox"/> N/A
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Food-contact surfaces: cleaned and sanitized			
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooking time and temperatures			
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures			
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>El Camino</i>	Type of Inspection <i>Follow-up</i>	Date <i>2-4-19</i>
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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		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Administrative	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input 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	

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
			<i>Follow up inspection completed on previous critical violations noted on Standard Inspection:</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-The fryer was moved to the left of the handwashing sink in the warewashing room. The handwashing sink is now accessible.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Date marking looked good in walk-in</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-All items in walk-in holding 41°F or below</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>The following non-criticals corrected:</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-The scoop handles are stored properly</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-In process of ordering new tea dispenser</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Soap available at handwashing sink at bar</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-No employee jackets stored on food storage</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-The wall with stainless steel sheet was fastened</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>The mop stored properly</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Lina Rueda</i>	Date: <i>2-4-19</i>
Sanitarian <i>Megann Keller</i>	Licensor: <i>DC-11</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>E1 CAMINO</i>	Type of Inspection <i>Follow-up</i>	Date <i>2-4-19</i>
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Observations and Corrective Actions (continued)					
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
			<i>The following non-criticals corrected continued:</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>- tools removed</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>- ceiling tile replaced in waitress room</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>- lights changed in main kitchen</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>102</i>	<i>6-11A</i>	<i>NC</i>	<i>Observed 6 large screws sticking out of the furthest stall in the womens restroom. Employee removed screws at time of inspection. Discussed the screws were a health hazard. The surfaces shall be smooth.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>- PIC/owner stated she was going to sign up today.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Discussed the receipt for course shall be provided within 7 days from today</i>	<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"/>
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				<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: <i>Traci Ramoneda</i>	Date: <i>2-4-19</i>
Sanitarian: <i>Megom Brewer</i>	Licensor: <i>DCA/D</i>

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

Name of facility E1 Camino	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1	Date 1-29-19
Address 401 Wagner Ave	City/Zip Code Greenville / 45331		
License holder Lopez Inc.	Inspection Time 2015	Travel Time	Category/Descriptive C4S
Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <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	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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		Chemical	
Good Hygienic Practices		27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input type="checkbox"/> IN <input checked="" 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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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 <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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			
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooking time and temperatures			
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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			

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility El Camino	Type of Inspection Standard	Date 1 29 19
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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		Utensils, Equipment and Vending	
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Pasteurized eggs used where required		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Plant food properly cooked for hot holding		Hot and cold water available; adequate pressure	
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Approved thawing methods used		Plumbing installed; proper backflow devices	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Thermometers provided and accurate		Sewage and waste water properly disposed	
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Food properly labeled; original container		61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Garbage/refuse properly disposed; facilities maintained	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	901:3-4 OAC	
Washing fruits and vegetables		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
50	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
Slash-resistant and cloth glove use			

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
20	3.4D	C	Observed queso cheese (8 pans) & 2 pans of chicken mixture cooling from yesterday. Queso cheese temped to be 47-50°F and chicken from 44-43°F. All products were cooked & entered cooling process over 6 hours ago. Employee discarded all food at time of inspection. Owner stated employees were instructed to use smaller pans, place in walk in & stir frequent, use ice baths if needed, & log the time of cooling process per previous guidance given by health dept. Discussed products shall be cooled to 70°F within 2 hours & to 41°F within 6 hours at minimum.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23	3.4G	C	Observed 8 pans of queso cheese dated 1-29-19. Employee stated they were prepared last night & dated.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date:
Sanitarian <i>Megan Keller</i>	Licensor: <i>Darke Co HD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility E1 Camino	Type of Inspection Standard	Date 1-29-19
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Observations and Corrective Actions (continued)

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
43	3.4G	C	(continued) Discussed ready to eat, time/temp. controlled for safety food shall be date marked & the day of preparation shall be counted as day 1. Items discarded due to improper "cooling" temperatures.	<input type="checkbox"/>	<input type="checkbox"/>
54	4F	NC	Observed foil covering the bottom shelf of stainless steel tables throughout the main kitchen. Discussed nonfood contact surfaces of equipment that are exposed to splash, spillage, or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, & smooth material.	<input type="checkbox"/>	<input type="checkbox"/>
54	4.4B	NC	Observed scoring on the cold prep table in the main kitchen. Discussed surfaces such as cutting boards that are subject to scoring & scratching shall be resurfaced if they can no longer be effectively cleaned & sanitized or discarded if they can not be resurfaced.	<input type="checkbox"/>	<input type="checkbox"/>
50	3.8K	NC	Observed scoop handles touching ice in side waitress room, bar ice bin, & floor sugar in back dry storage area. Discussed scoop handles shall be stored with handle extended out of the food product. Scoop handles correctly stored by employee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	4.1KK	NC	Observed a rubber thermist (non commercial) being used in the waitress area off the main kitchen. Discussed equipment used shall be approved by a recognized food equipment testing agency.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	6.2B	NC	Observed no soap at hand sink in bar area. Discussed all handwashing sinks shall be supplied with a supply of hand cleaning liquid, powder, or bar soap.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	5.10	C	Observed a fryer stored in front of a hand sink in the warewashing room. Discussed hand sinks shall be accessible at all times.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
63	6.4J	NC	Observed employee jackets stored on food cans/shelves in dry storage room. Personal belongings shall be stored not to cause contamination.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Mrs. Sanchez</i>	Date:
Sanitarian: <i>Megan Keller</i>	Licensors: <i>Darke CO #10</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility El Camino	Type of Inspection Standard	Date 1-29-19
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Observations and Corrective Actions (continued)

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	5-15	NC	Observed the pipe under the 3 compartment sink in the warewashing room to have a bag on the pipe under the 3rd bay leaking. Discussed plumbing shall be maintained in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
60	10A	NC	Observed the wall inbetween the McCall refrigeration unit & Star Max grill to have the stainless steel sheet pulling away & wood exposed from chipped paint. Discussed walls shall be maintained in good repair to be smooth, easily cleanable & non absorbent.	<input type="checkbox"/>	<input type="checkbox"/>
74	41XX	NC	Observed various non-food grade containers being used to store taco bowls, taco shells in waitress area & kitchen, dry ingredients in back dry storage room, and lettuce, tomato, sauces, etc. in walk-in cooler. Discussed food shall be stored in food grade containers approved by testing agency. Owner stated the containers are new & purchased until sales rep comes in after bad weather so she can purchase approved containers.	<input type="checkbox"/>	<input type="checkbox"/>
61	54N	NC	Observed dumpster lid open. Discussed receptacles for outside refuse, recyclables, or returnables shall be kept covered. Observed an ice build up on the floor of the walk-in freezer, on the freezer door seal, & on the line from the cooler going into the freezer. Discussed ice build up from build up from lines & condensing units shall be cleaned to prevent contamination.	<input type="checkbox"/>	<input type="checkbox"/>
62	6A	NC	Observed a hole in the back dry storage ceiling from a previous roof issue. Discussed the ceiling shall be smooth & durable.	<input type="checkbox"/>	<input type="checkbox"/>
2	2-4A	NC	No level 2 training certificate. Discussed one person with supervisory & management responsibility to enforce food safety shall obtain level 2 certification in food protection approved by ODH.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge: <i>Lisa Kandeck</i>	Date:
Sanitarian: <i>Megann Heller</i>	Licensor: <i>Darke CO #10</i>

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility El Camino	Type of Inspection Standard	Date 7/27/18
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Observations and Corrective Actions (continued)

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
03	6.4F	NC	Observed a soiled mop stored on the floor in prep room. Discussed after use mops shall be stored & placed in a position to allow them to air dry without soiling walls, equipment, or supplies.	<input type="checkbox"/>	<input type="checkbox"/>
113	6.4A	NC	Observed broken & damaged ceiling tiles throughout the facility. Discussed ceiling tiles shall be replaced when damaged to maintain physical facility in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
103	6.4M	NC	Observed bench grinder & tools in veggie prep room. Discussed tools shall be stored separate from equipment/surfaces used for food preparation & storage.	<input type="checkbox"/>	<input type="checkbox"/>
54	44	NC	Observed shelving in the prep room for produce to be chipping. Discussed surfaces shall be smooth & durable for cleaning.	<input type="checkbox"/>	<input type="checkbox"/>
90	4.5M	NC	Observed a build up on dishwashing trays. Discussed trays & contact surfaces for clean & sanitized equipment shall be kept clean & cleaned as often as necessary to keep them free of food residue, build or any other build up.	<input type="checkbox"/>	<input type="checkbox"/>
608	6.4N	NC	Observed unused coke equipment covered & stored behind the old buffet table. Discussed equipment no longer used shall be removed. The old fryer in front of warewashing hand sink shall also be removed if no longer used. Manager stated coke is supposed to be picking up their equipment.	<input type="checkbox"/>	<input type="checkbox"/>
251	2.4B	C	PIC unaware of proper cooling process. owner came & discussed proper process. Discussed PIC shall be knowledgeable in food safety.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: Luis Pardo	Date: 7/27/18
Sanitarian: Megann Jellen	Licensors: DH/D

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>E1 Camino</i>	Type of Inspection <i>Standard</i>	Date <i>7-29-18</i>
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Observations and Corrective Actions (continued)

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
<i>35</i>			<i>Critical control point</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>IV. Demonstration of Knowledge.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Person in charge available prior to owner coming was unaware of how the products out of temperature are to be cooled properly. No food safety training certificates available.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>III. Preventing contamination by hands</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>No soap at bar hand sink. Employee obtained soap.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>VI. Time/Temperature Controlled Safety Food:</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Observed 8 pans of queso cheese prepared yesterday from 47-50°F. Employee discarded products from walk-in. Observed 2 pans of chicken cooked yesterday at 43-44°F in walk-in products discarded.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Observed queso cheese prepared yesterday with today's date on it. Discussed the day the item is prepared counts as day 1. Products discarded from temperature error.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>*Discussed light units that go out shall be replaced.</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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Person in Charge: <i>Travis Pandey</i>	Date:
Sanitarian: <i>Megann Brewer</i>	Licensors: <i>PLHP</i>