

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

Name of facility FOE #2347	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1059	Date 1/17/19
Address 104 E. Main St.	City/Zip Code Versailles, OH 45380		
License holder Fraternal Order of Eagles	Inspection Time 60 min	Travel Time 5 min	Category/Descriptive NC3S
Type of inspection (check all that apply) <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 <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

Supervision

1 ☒ IN ☐ OUT ☐ N/A Person in charge present, demonstrates knowledge, and performs duties

2 ☒ IN ☐ OUT ☐ N/A Certified Food Protection Manager

Employee Health

3 ☒ IN ☐ OUT ☐ N/A Management, food employees and conditional employee; knowledge, responsibilities and reporting

4 ☒ IN ☐ OUT ☐ N/A Proper use of restriction and exclusion

5 ☒ IN ☐ OUT ☐ N/A Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

6 ☒ IN ☐ OUT ☐ N/O Proper eating, tasting, drinking, or tobacco use

7 ☒ IN ☐ OUT ☐ N/O No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

8 ☐ IN ☐ OUT ☒ N/O Hands clean and properly washed

9 ☐ IN ☐ OUT ☒ N/A No bare hand contact with ready-to-eat foods or approved alternate method properly followed

10 ☒ IN ☐ OUT ☐ N/A Adequate handwashing facilities supplied & accessible

Approved Source

11 ☒ IN ☐ OUT Food obtained from approved source

12 ☐ IN ☐ OUT ☒ N/A Food received at proper temperature

13 ☒ IN ☐ OUT Food in good condition, safe, and unadulterated

14 ☐ IN ☐ OUT ☒ N/A Required records available: shellstock tags, parasite destruction

Protection from Contamination

15 ☒ IN ☐ OUT ☐ N/A Food separated and protected

16 ☒ IN ☐ OUT ☐ N/A Food-contact surfaces: cleaned and sanitized

17 ☒ IN ☐ OUT Proper disposition of returned, previously served, reconditioned, and unsafe food

Time/Temperature Controlled for Safety Food (TCS food)

18 ☐ IN ☐ OUT ☒ N/A Proper cooking time and temperatures

19 ☐ IN ☐ OUT ☒ N/A Proper reheating procedures for hot holding

20 ☐ IN ☐ OUT ☒ N/A Proper cooling time and temperatures

21 ☐ IN ☐ OUT ☒ N/A Proper hot holding temperatures

22 ☒ IN ☐ OUT ☐ N/A Proper cold holding temperatures

Compliance Status

Time/Temperature Controlled for Safety Food (TCS food)

23 ☐ IN ☒ OUT ☐ N/A Proper date marking and disposition

24 ☐ IN ☐ OUT ☒ N/A Time as a public health control: procedures & records

Consumer Advisory

25 ☐ IN ☐ OUT ☒ N/A Consumer advisory provided for raw or undercooked foods

Highly Susceptible Populations

26 ☒ IN ☐ OUT ☐ N/A Pasteurized foods used; prohibited foods not offered

Chemical

27 ☐ IN ☐ OUT ☒ N/A Food additives: approved and properly used

28 ☒ IN ☐ OUT ☐ N/A Toxic substances properly identified, stored, used

Conformance with Approved Procedures

29 ☐ IN ☐ OUT ☒ N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan

30 ☐ IN ☐ OUT ☒ N/A Special Requirements: Fresh Juice Production

31 ☐ IN ☐ OUT ☒ N/A Special Requirements: Heat Treatment Dispensing Freezers

32 ☐ IN ☐ OUT ☒ N/A Special Requirements: Custom Processing

33 ☐ IN ☐ OUT ☒ N/A Special Requirements: Bulk Water Machine Criteria

34 ☐ IN ☐ OUT ☒ N/A Special Requirements: Acidified White Rice Preparation Criteria

35 ☐ IN ☐ OUT ☒ N/A Critical Control Point Inspection

36 ☐ IN ☐ OUT ☒ N/A Process Review

37 ☐ IN ☐ OUT ☒ N/A Variance

Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

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GOOD RETAIL PRACTICES		
<p>Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.</p> <p>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</p>		
Safe Food and Water		
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Wiping cloths: properly used and stored
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables
Proper Use of Utensils		
50	<input checked="" type="checkbox"/> IN <input 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
Utensils, Equipment and Vending		
54	<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input 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

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

Person in Charge <i>Eric Gruente</i>	Date: <i>17 Jan 2019</i>
Sanitarian <i>Brittany Wiertel</i>	Licensors: <i>DCHD</i>

Page 2 of 2