

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

Name of facility Millers Tavern	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1104	Date 1-22-19
Address 15 N. High St	City/Zip Code Arcanum / 45304		
License holder Tina Dider	Inspection Time 90	Travel Time 40	Category/Descriptive C45
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

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 ☒ N/O Food received at proper temperature

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

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

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

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

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

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

Consumer Advisory

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

Highly Susceptible Populations

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

Chemical

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

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

Conformance with Approved Procedures

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

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

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

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

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

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

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

36 ☐ IN ☐ OUT ☐ N/A ☒ N/A Process Review

37 ☐ IN ☐ OUT ☐ N/A ☒ 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.

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Millers Tavern</i>	Type of Inspection <i>Standard</i>	Date <i>1-22-19</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		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	54	<input checked="" type="checkbox"/> IN <input 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		Nonfood-contact surfaces clean	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
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	Physical Facilities	
Plant food properly cooked for hot holding		57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Hot and cold water available; adequate pressure	
Approved thawing methods used		58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plumbing installed; proper backflow devices	
Thermometers provided and accurate		59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		Sewage and waste water properly disposed	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food properly labeled; original container		Toilet facilities: properly constructed, supplied, cleaned	
Prevention of Food Contamination		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained	
Insects, rodents, and animals not present/outer openings protected		62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained, and clean	
Contamination prevented during food preparation, storage & display		63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used	
Personal cleanliness		64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Existing Equipment and Facilities	
Wiping cloths: properly used and stored		Administrative	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Washing fruits and vegetables		901:3-4 OAC	
Proper Use of Utensils		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3701-21 OAC	
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 checked="" 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
46	3.2 Y	NC	Observed a build up of dust on condenser fans in the walk-in cooler. Discussed with PIC that condenser units shall be kept free of dust and dirt to prevent from contaminating food sources. PIC stated fans are to be receiving monthly cleaning by end of this week.	<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"/>
28	7.1 A	C	Observed a bottle of hairspray under the bar next to clean coffee mugs. Discussed with PIC that toxic items shall be stored in a manner to prevent contamination of clean equipment. PIC moved hairspray to employee storage area. Corrected on-site.	<input checked="" 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"/>

Person in Charge <i>Tina M. Didier</i>	Date: <i>1/22/19</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>DLHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

Page 2 of 3

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility	Type of Inspection	Date
Millers Tavern	Standard	1-22-19

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
56	4.5A	NC	Observed ice build up in freezer in the dry storage area as well as freezer in the back storage room. Discussed w/ PIC that freezers shall be kept free of ice build up to prevent ice contamination of food products. PIC stated freezers will be cleaned and defrosted in the next week.	<input type="checkbox"/>	<input type="checkbox"/>
35/28	7.1A	C	<u>X. CHEMICAL</u> = Critical Control Point Observed bottle of hairspray under the bar next to clean coffee cups. Discussed with PIC that toxic materials shall be stored to prevent contamination of clean equipment. PIC immediately put hairspray in employee belongings section of BSO. Corrected at time of inspection. THANK YOU! ☺	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		X	<u>Note:</u> Please contact HD before you decide to get new any refrigerators or freezers. Thanks! ☺	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge:	<i>Lina M. Dudreic</i>	Date:	<i>1/22/19</i>
Sanitarian:	<i>(Signature)</i>	Licenser:	<i>DCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

Page 3 of 3