

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

|  |  |                                     |   |
|--|--|-------------------------------------|---|
| <b>Name of facility</b><br>Tollys Gastropub  | <b>Check one</b><br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | <b>License Number</b><br>178        | <b>Date</b><br>2-21-19                        |
| <b>Address</b><br>644 Wagner Ave   | <b>City/Zip Code</b><br>Greenville / 45331   |                                     |   |
| <b>License holder</b><br>William Longfellow  | <b>Inspection Time</b><br>1:40   | <b>Travel Time</b>                  | <b>Category/Descriptive</b><br>C35            |
| <b>Type of Inspection (check all that apply)</b><br><input 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<br><input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation |  | <b>Follow up date (if required)</b> | <b>Water sample date/result (if required)</b> |

**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 checked="" type="checkbox"/> OUT<br><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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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                                 | <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 checked="" 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<br><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  |  | <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 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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 9  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input 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 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 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 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 type="checkbox"/> N/A <input checked="" 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 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br><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              |  |  |  |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b>                                  |  |  |  |
| 18   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |  |
| Proper reheating procedures for hot holding  |  |  |  |
| 20   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><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<br><i>Tollys Gastropub</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>2-21-19</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 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  |   |   |  |
| 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 |   | Nonfood-contact surfaces clean  |  |
| Physical Facilities   |   |   |  |
| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 58  | <input checked="" 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   |   |   |  |
| 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  |   |   |  |
| 45  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 61  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Insects, rodents, and animals not present/outer openings protected      |   | Garbage/refuse properly disposed; facilities maintained                               |  |
| 46  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 62  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              |
| Contamination prevented during food preparation, storage & display      |   | Physical facilities installed, maintained, and clean                                  |  |
| 47  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 63  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                              |
| Personal cleanliness  |   | Adequate ventilation and lighting; designated areas used                              |  |
| 48  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | 64  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Wiping cloths: properly used and stored                                 |   | Existing Equipment and Facilities   |  |
| 49  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Administrative  |  |
| Washing fruits and vegetables   |   | 65  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Proper Use of Utensils  |   |   |  |
| 50  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 66  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| In-use utensils: properly stored  |   | 901:3-4 OAC   |  |
| 51  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | 3701-21 OAC   |  |
| Utensils, equipment and linens: properly stored, dried, handled         |   |   |  |
| 52  | <input type="checkbox"/> IN <input checked="" 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                        |
|----------|--------------|----------------|--|--------------------------|--------------------------|
| 54       | 4F           | NC             | Observed the shelving in the 2 door upright refrigeration unit in the main waitress station to be ruckling. Discussed nonfood contact surfaces shall be constructed of corrosion resistant, nonabsorbent, & smooth material. | <input type="checkbox"/> | <input type="checkbox"/> |
| 63       | 16-4D        | NC             | Observed a build up on the vent of the ice machine in the waitress station. Discussed vent filters shall be changed & clean so not a source of contamination.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31       | 4F           | NC             | Observed multiple shelving units with wood surfaces or paint chipping. Discussed surfaces shall be smooth, easily cleanable, & non-absorbent.  | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| Person in Charge<br><i>[Signature]</i> | Date: <i>2-21-2019</i>   |
| Sanitarian<br><i>Megann Kellew</i>     | Licensor:<br><i>RCHP</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

**State of Ohio**  
**Continuation Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |                                       |                        |
|---|---------------------------------------|------------------------|
| Name of Facility<br><i>Tollys Gastropub</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>2-21-19</i> |
|---|---------------------------------------|------------------------|

**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>23</i> | <i>3.49</i>  | <i>C</i>       | <i>Observed frozen pork, chicken, &amp; min beef in the walk-in cooler with a date of 2-14. Owner stated the date on the bags was when the meat was cut &amp; froze. Products were just pulled. Discussed to re-date products with a print date. ICS RTE products have a 7 day shelf life &amp; the day the item is prepared counts as day 1. PIC <del>stated</del> stated he has been trying to train new employee correctly. Items re-dated</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>6</i>  | <i>2.3A</i>  | <i>NC</i>      | <i>Observed employee drink in open beverage container stored above prep table in grill line. Employee discarded beverage. Discussed beverages shall be covered &amp; stored in an area not to cause contamination.</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>16</i> | <i>4.4N</i>  | <i>C</i>       | <i>Bleach water tested at less than 50ppm @ 3 tanks. Employee remade solution to be at 50ppm. Discussed sanitizing solution shall be 50ppm.</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>52</i> | <i>4.4S</i>  | <i>NC</i>      | <i>Observed liquid butter &amp; water stored in a single use container at the grill. Employee made new solutions to &amp; placed in food grade squeeze bottles. Discussed single use containers may not be re-used</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|           |              |                | <i>(Note)</i>   |                                     |                          |
|           |              |                | <i>- Inspection took place right after lunch rush. Employees in process of clean up. Discussed hot food contact surfaces shall be cleaned sign to touch &amp; physical facilities cleaned as often to keep them clean.</i>  |                                     |                          |
|           |              |                | <i>= New prep tables in Main Kitchen &amp; 1 in waitress station.</i>   |                                     |                          |

|                                    |                           |
|------------------------------------|---------------------------|
| Person in Charge:<br>              | Date:<br><i>2-21-2019</i> |
| Sanitarian:<br><i>Megan Keenan</i> | Licensor:<br><i>OSCHO</i> |