

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

Name of facility <i>Treaty City Cafe</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>193</i>	Date <i>1-24-19</i>
Address <i>851 Martin St</i>	City/Zip Code <i>Greenville / 45331</i>		
License holder <i>Treaty City Cafe</i>	Inspection Time <i>220</i>	Travel Time <i>15</i>	Category/Descriptive <i>45</i>
Type of Inspection (check all that apply) <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 <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 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	
<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 <input type="checkbox"/> N/A
Management of 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 <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 <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <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	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 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
<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 <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 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	
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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><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 <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 <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 type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper hot holding temperatures			
22	<input type="checkbox"/> IN <input checked="" 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>Treaty City Cafe</i>	Type of Inspection <i>Standard</i>	Date <i>1-24-19</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 type="checkbox"/> IN <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N/O	56	<input checked="" 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 checked="" type="checkbox"/> N/O	57	<input checked="" 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 checked="" type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A 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 Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Physical facilities installed, maintained, and clean
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Administrative	
48	<input checked="" 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 checked="" type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils			
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		

## 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
45	6.1 M	NC	Observed a gap between the floor and the bottom of the delivery door. Discussed with PIC that outer openings shall be protected from the entry of pests. PIC mentioned delivery door damaged at the last delivery. Stated to be fixed sometime in the next week.	<input type="checkbox"/>	<input type="checkbox"/>
46	3.2 Y	NC	Observed dusty, dirty fan blades on fan used for air drying purposes near 3-compartment sink. Discussed with PIC that fans shall be maintained clean to prevent contamination. PIC stated fans to be cleaned this week.	<input type="checkbox"/>	<input type="checkbox"/>
23	3.4 H	C	Observed mixed greens in cold hold prep cooler with a discard date of 1-22-19. Discussed with PIC that all RTE TCS products shall be discarded by the 7th day to prevent growth. Discarded at time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>RK Pandey</i>	Date: <i>1-25-19</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>PCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

Page 2 of 4

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

Name of Facility <i>Treaty City Cafe</i>	Type of Inspection <i>Standard</i>	Date <i>1-24-19</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
58	5.1 E	C	Observed plumbing on ice machine without appropriate air gap. Discussed with PIC that an air gap shall be installed to prevent from back siphonage contamination. PIC stated that the plumbing on ice machine has been like this since FSO opened. PIC to call maintenance to fix issue.	<input type="checkbox"/>	<input type="checkbox"/>
22	3.4 F	C	Observed <del>walk-in cooler</del> RTE TCS foods in walk-in cooler to be in the TDZ ( <del>41°F - 135°F</del> ). Internal temp of oven roasted turkey breast, smoked ham, and sour cream observed to be 47°F. PIC stated she was unsure when <del>foods</del> food temperature was compromised. PIC voluntarily discarded all potentially hazardous foods under refrigeration at time of inspection. Corrected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62	6.4 A	NC	Observed walk-in cooler to be out of temperature range. Walk-in cooler reading between 46° - 49°F. Discussed with PIC that walk-in cooler shall be maintained at 41°F or below to prevent growth. PIC called maintenance to come fix issue when she opened (Jan).	<input type="checkbox"/>	<input type="checkbox"/>
2	2.4 A	NC	No level 2 training certificate available. Discussed at least 1 employee with supervisory & management responsibility in food safety shall obtain level 2 training. PIC still in process of obtaining <del>level 2</del> level 2 training.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
55/16	4.4 N	<del>NC</del> C	Observed no chemical sanitizer entering the dish machine during wash cycle. Sanitizing solution is available, but is not entering dish machine properly. PIC to call Eca LAB to come fix the issue. PIC mentioned to use 3-compartment sink for the time being until fixed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54	4.4 B	NC	Observed cutting board in kitchen prep area to be scratched and scored. Discussed rotting surface of food-contact equipment shall be resurfaced or replaced to prevent contamination. PIC stated cutting boards will be replaced ASAP.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4 A	NC	Observed moisture on the ground in walk-in cooler. PIC mentioned roof is leaking when heavy precipitation. Discussed with PIC that physical <del>facilities</del> facilities shall be maintained in good repair to prevent contamination. PIC to call maintenance to address issue.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>R. Pandey</i>	Date: <i>1-25-19</i>
Sanitarian: <i>[Signature]</i>	Licensor: <i>PCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

**Authority:** Chapters 3717 and 3715 Ohio Revised Code

Name of Facility	Type of Inspection	Date
Treaty City Cafe	Standard	1-24-19

### 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
62	B-4 A	NC	(cont.) No contamination or dripping <sup>has</sup> occurred on any food products.	<input type="checkbox"/>	<input type="checkbox"/>
35/16	4-4 N	C	<u>III: Protection from Contamination</u> : Critical Control Point Observed sanitizing solution not effectively going to dish machine. Sanitizer present, but not entering warewasha machine via tubing/hose. Discussed with PIC that 3-compartment sink must be used until ECO LAB comes to fix warewashing machine. PIC to call ECO LAB.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35/23	3-4 H	C	<u>VI: Time/Temperature Controlled Safety Food</u> : Critical Control Point Observed outdated mixed greens in cold hold prep cooler (1-22-19). Discussed all RTE TCS foods to be properly discarded by 7th day to prevent growth. Discarded at time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35/2	2-4 A	NC	<u>III: Demonstration of Knowledge</u> : CCP All Level 2 training certificate available. Discussed at least one employee with management/supervisory authority shall obtain level 2 FS training certificate. PIC mentioned in the works of getting LVP 2 training.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge:	<i>R K Pandey</i>	Date:	<i>1-25-19</i>
Sanitarian:	<i>[Signature]</i>	Licensor:	<i>DCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

Page 4 of 4