

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

Name of facility <b>V&amp;J Back In Time</b>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <b>6</b>	Date <b>10-5-18</b>
Address <b>1249 Sweitzer St.</b>	City/Zip Code <b>Greenville / 45331</b>		
License holder <b>V&amp;J Back In Time</b>	Inspection Time	Travel Time	Category/Descriptive <b>C45</b>
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	
<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 Person in charge present, demonstrates knowledge, and performs duties	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O 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 Management, food employees and conditional employee; knowledge, responsibilities and reporting	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	<b>Highly Susceptible Populations</b>	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
<b>Good Hygienic Practices</b>		<b>Chemical</b>	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Toxic substances properly identified, stored, used
<b>Preventing Contamination by Hands</b>		<b>Conformance with Approved Procedures</b>	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
<b>Approved Source</b>		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	<b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.	
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	<b>Public health interventions</b> are control measures to prevent foodborne illness or injury.	
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures		
19	<input checked="" 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 checked="" 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 <b>V&amp;J Back In Time</b>	Type of Inspection <b>Standard</b>	Date <b>10-5-18</b>
---	---------------------------------------	------------------------

### 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Pasturized 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 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
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 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
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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	60	<input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	61	<input 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Personal cleanliness		Adequate ventilation and lighting; designated areas used	
48	<input checked="" 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O
901:3-4 OAC		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	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 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
35/23	3.4H	C	Observed the following outdated product in the walk-in cooler: sliced ham 10-4, pizza sauce 10-2, soup 10-4, & chicken broth 10-2. Observed the following outdated product in <del>the</del> prep table by the grill: sausage 10-2 & pizza sauce 10-2. Employees discarded all of the items.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44	3.2D	NC	Observed 2 bottles by grill line without a label. Employee stated one is water & the other is oil. Employee labeled bottles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35/15	3.2C (& cooked meat)	C	Observed eggs stored above pancake batter inside prep table next to the grill. Employee moved eggs to the bottom shelf below ready to eat foods.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge 	Date:
Sanitarian <b>Megan Kellew</b>	Licensor: <b>Darke Co HD</b>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

# Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

(Inspection 10-5)

Name of Facility V&J Back In Time	Type of Inspection Standard	Date 10-10-18
--------------------------------------	--------------------------------	------------------

## Observations and Corrective Actions (continued)

Mark  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	4.4A	NC	Observed a water build up in bottom of prep cooler next to the grill. Discussed equipment shall be maintained in good repair. Call 437 548-4194 x 206 or email copy of receipt after repaired.	<input type="checkbox"/>	<input type="checkbox"/>
35/116	4.5	C	Observed a build up debris on drying racks for clean dishes. Employee removed items from drying rack & used drain board of 3 tank sink to store clean dishes while they air dried. Wash rack prior to use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
102	6.4	NC	Observed duct tape on the corner of the hood. Discussed physical facility of the hood shall be maintained in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
54	4.4	NC	Observed deep scoring & discoloration on the cutting board on top of the pizza prep table that is currently not working. Discussed surfaces such as cutting boards that are subject to scratching & scoring shall be resurfaced when can no longer be cleaned or discarded if not capable of being resurfaced.	<input type="checkbox"/>	<input type="checkbox"/>
58	5.1	NC	Observed water on floor by ice machine. Discussed plumbing shall be maintained in good repair. Employees spilled per mangel.	<input type="checkbox"/>	<input type="checkbox"/>
35/45	6.4	C	Observed mouse droppings on dry storage rack in the back room with the freezers, on the bread rack behind the grill prep table & bite marks on 4 packages of bread on the bread rack in milk storage room. Evidence of rodent issue exist in front so environmental director & health commissioner came out. All food with rodent feces or bite marks discarded & surfaces cleaned. Health Commissioner discussed all food not stored in a durable container shall be stored in totes/durable containers pest control company shall come more often (manager scheduled weekly) & all physical facility issues addressed to get rid of issue.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge:

Date:

Sanitarian:

Licenser:

*Morgan Kellie*

Dance Co #1A

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

# State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

(Inspection 10-5)

Name of Facility <b>V&amp;J BACK IN TIME</b>	Type of Inspection <b>Standard</b>	Date <b>10-10-18</b>
---	---------------------------------------	-------------------------

### 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
42	6.4	NC	Observed multiple holes and gaps in the walls throughout the entire kitchen. Walls shall be free of holes/gaps so they prevent areas for pest harborage & are for cleaning.	<input type="checkbox"/>	<input type="checkbox"/>
45	6.1	NC	Observed a space & light coming thru on the back loading door. PIC stated he will repair the door sweep.	<input type="checkbox"/>	<input type="checkbox"/>
58	5.1	NC	The hand sink by waitress refrigeration unit is not working. Previous time frame was given to have sink repaired by 1-24-18.	<input type="checkbox"/>	<input type="checkbox"/>
			Critical control point inspection (Item 35)	<input type="checkbox"/>	<input type="checkbox"/>
			(VI) observed outdated product in the walk-in (ham, pizza sauce, soup, chicken broth) and in grill prep cooler (usage of pizza sauce). Food was discarded.	<input type="checkbox"/>	<input type="checkbox"/>
			(VII) Observed raw eggs stored above pancake batter & cooked meat. Employee moved eggs.	<input type="checkbox"/>	<input type="checkbox"/>
			(VIII) Observed a build up of debris on drying racks. Employee removed drying rack & was instructed by manager not to use. Manager stated he would purchase new racks.	<input type="checkbox"/>	<input type="checkbox"/>
			(VII) Observed rodent droppings on dry storage rack & on bread shelf by grill. Observed mouse bites on bread bags in back storage room. PIC discarded contaminated foods & cleaned.	<input type="checkbox"/>	<input type="checkbox"/>
			(Notes)	<input type="checkbox"/>	<input type="checkbox"/>
			- Dishmachine repaired.	<input type="checkbox"/>	<input type="checkbox"/>
			- Steam table holding products at appropriate temperatures	<input type="checkbox"/>	<input type="checkbox"/>
3/13	3	C	Observed mouse bites on bread in back storage room. Food discarded.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
62	6.2	NC	Restroom ceiling in mens has a wood piece mounted to cover hole. Owner will find someone to repair.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.2	NC	Crack low on ceiling missing tiles. Floor shall be in good repair.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: 	Date:
Sanitarian: <b>Megan Keller</b>	Licensor: <b>Dance Co #10</b>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL