Wayne Health Care #1183
835 Sweitzer St.

Violation(s)/Comment(s)

Satisfactory at the time of inspection.
Critical Control Point Inspection
Authority: Chapter 3717 Ohio Revised Code

Name of facility: Wayne Healthcare
License number: 1183
Date: 8-21-18
Address: 855 Summit St, Greenville, OH
License holder: Wayne Healthcare

Category/Descriptive: C4S

Inspection time (min):
Travel time (min):

Comments:
Satisfactory at the time of inspection.

I. Note documented health policy in place.
II. Observed good food handling practices, handwashing, glove use, hand sanitizers, etc.
III. Observed good food handling practices, handwashing, glove use, hand sanitizers, etc.
IV. Observed knowledge of temperatures, thawing, preparing, procedures.
V. Food from approved source - GFS supplier.

Proper Temperature (see below) Temperature log taken of foods for each meal and equipment. Color coded cutting boards.

Proper storage and sanitation. Dish machine was checked/recovered daily.

Temperature Log

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Indicate state food is in (receiving, storage, preparation, cooking, holding, reheating, etc.)</th>
<th>Temperature</th>
<th>Food Item</th>
<th>Indicate state food is in (receiving, storage, preparation, cooking, holding, reheating, etc.)</th>
<th>Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taco Salad</td>
<td>holding</td>
<td>35°F</td>
<td>Mashed potatoes</td>
<td>holding</td>
<td>110°F</td>
</tr>
<tr>
<td>Tuna salad</td>
<td>holding</td>
<td>40°F</td>
<td>Ck. Salad</td>
<td>holding</td>
<td>34°F</td>
</tr>
<tr>
<td>Collage Cheese</td>
<td>holding</td>
<td>37°F</td>
<td>Tomatoes</td>
<td>holding</td>
<td>32°F</td>
</tr>
<tr>
<td>Ck. Casserole</td>
<td>holding</td>
<td>137°F</td>
<td>Meat loaf</td>
<td>holding</td>
<td>37°F</td>
</tr>
<tr>
<td>Insect Cheese</td>
<td>holding</td>
<td>108°F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ck. Gravy</td>
<td>holding</td>
<td>118°F</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inspected by: ____________________________  R.S./SIF# 2534  Licensor: DCHD

Received by: ____________________________  Title: Nutrition Service  Phone: __________