

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

Name of facility Ansonia Schools	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1005	Date 4/8/19
Address 600 E Canal St	City/Zip Code Ansonia / 45303		
License holder Superintendent	Inspection Time 140	Travel Time 30	Category/Descriptive NCYS
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	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O 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 Time as a public health control: procedures & records
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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	Highly Susceptible Populations	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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	28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Toxic substances properly identified, stored, used
Preventing Contamination by Hands		Conformance with Approved Procedures	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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	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	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
Approved Source		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	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 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 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 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 Process Review
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
21	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		

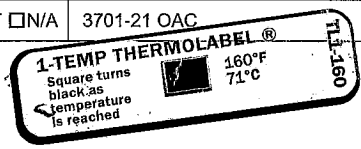
State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Ansonia Schools</i>	Type of Inspection <i>Standard</i>	Date <i>4/8/19</i>
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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			
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 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 checked="" 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 type="checkbox"/> IN <input checked="" 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 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 type="checkbox"/> IN <input checked="" 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 checked="" 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 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
21	3.4 F	C	Observed bite sized chicken chunks on both serving lines, mozzarella cheese sticks and one hash brown on right serving line not holding 135°F or above. Temperatures read 125, 123, and 124 °F, respectively. Discussed all hot holding items shall be kept at 135 °F or above. PIC stated food items were pulled 30-40 min before serving. Recommended pulling closer to serve time, or as needed to ensure internal temps of food items stay at or above 135 °F. Items placed back in holding case and retempted before serving.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	2.4 C	C	Observed several persons unnecessary to the food service operation (students & staff members) entering and leaving the kitchen while food preparation & service was	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Paula Moody</i>	Date: <i>4-8-19</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>DCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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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>1</i>	<i>2.4</i>	<i>C</i>	<i>(cont.) taking place. Discussed persons unnecessary to the FSO shall not be permitted in the FSO unless prior authorization granted by the PIC and steps are appropriately taken to ensure protection from any sort of contamination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>46</i>	<i>3.2 Y</i>	<i>NL</i>	<i>Observed dusty/dirty fans blowing in dish machine area. Discussed fans shall be kept clean to prevent contamination of clean equipment and food contact surfaces of equipment. PIC stated cleaned every Friday but did not get to cleaning them last week.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>23</i>	<i>3.4 G</i>	<i>C</i>	<i>Observed taco meat and sliced tomato in walk-in cooler without date marks. Discussed all RTE TCS foods shall be date marked to indicate day to be sold, discarded, or consumed for a total of 7 days (Day 1 is prep date). PIC stated taco meat made Friday to be used on 4/9 and sliced tomato cut today. Items dated at time of inspection.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>48</i>	<i>3.2 M</i>	<i>NL</i>	<i>Observed a wiping cloth used for wiping countertops & other equipment surfaces being stored on the counter, and not in a chemical sanitizing solution. Discussed all in-use wiping cloths shall be kept in a chemical sanitizer solution at a concentration specified by the manufacturer. Cloth was moved to soiled linen bag by food employee during clean-up.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>2</i>	<i>2.4 A</i>	<i>NL</i>	<i>NO level 2 training. Discussed at least one person shall be level 2 certified. PIC is scheduled to take exam in May.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>45</i>	<i>6.1 M</i>	<i>NL</i>	<i>Observed delivery door needing new door sweep. Discussed outer openings shall be equipped w/ closed / tight-fitting doors to prevent entry of pests. PIC spoke w/ maintenance at time of inspection to have issue fixed ASAP.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Paula D. Moody</i>	Date: <i>4-8-19</i>
Sanitarian: <i>[Signature]</i>	Licenser: <i>RHD</i>

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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>35/21</i>	<i>3.4F</i>	<i>C</i>	<u><i>CRITICAL CONTROL POINT</i></u> <u><i>VI Time/Temp Controlled Safety</i></u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>Observed chicken chunks, mozzarella cheese sticks and one hash brown holding at 125, 123, and 124 °F, respectively. Discussed all hot holding food items shall be kept 135 or above to prevent growth. PIC moved items to hot holding case to warm up before serving. Items rechecked before serving.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/1</i>	<i>2.4C</i>	<i>C</i>	<u><i>I. Employee Health</i></u> <i>Persons unnecessary to FSO were entering & leaving kitchen area at their leisure. Only persons necessary to the food service operation shall be permitted in the kitchen area unless prior authorization and steps to prevent contamination are taken. PIC to speak w/ Principal's regarding this matter.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/23</i>	<i>3.4G</i>	<i>C</i>	<u><i>IV. Time/Temp Controlled For Safety</i></u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>No date on taco meat or sliced tomato in walk-in. Discussed date marking date is item is to be used, sold, or discarded for a total of 7 days (DAY 1 is prep date). Items date at time of inspection.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Paula Moody</i>	Date: <i>4-8-19</i>
Sanitarian: <i>[Signature]</i>	Licenses: <i>DHD</i>

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