

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

Name of facility Panny's Place	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1039	Date 2/13/19
Address 308 S Broadway	City/Zip Code Greenville / 45331		
License holder	Inspection Time 150	Travel Time 10	Category/Descriptive L35
Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		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
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	Highly Susceptible Populations	
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		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input checked="" type="checkbox"/> IN <input 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 <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		Conformance with Approved Procedures	
Preventing Contamination by Hands		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 <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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input type="checkbox"/> IN <input checked="" 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
Approved Source		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 type="checkbox"/> OUT <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 <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	
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<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 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			
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		
Proper cooking time and temperatures			
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 <i>Danny's Place</i>	Type of Inspection <i>Standard</i>	Date <i>2-13-19</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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source
Food Temperature Control		Physical Facilities
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	55 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
Food Identification		Administrative
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Plumbing installed; proper backflow devices
Prevention of Food Contamination		Administrative
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
47	<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
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	62 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Physical facilities installed, maintained, and clean
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
Proper Use of Utensils		Administrative
50	<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 Existing Equipment and Facilities
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	

Observations and Corrective Actions					
Item No.	Code Section	Priority Level	Comment	COS	R
45	6.1M	NC	Observed a small gap with sunlight entering beneath the back delivery door. Discussed outer openings shall be kept protected from the entry of pests. PIC stated to have new door sweep installed as soon as possible	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4 A	NC	Observed several ceiling tiles in men's restroom with severe water damage. PIC stated roof has a leak and is the process of working with contractors on quotes. Discussed physical facilities shall be maintained in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
10	6.2E	NC	No handwashing sign posted in men's restroom. Discussed all employee handwashing sinks shall be equipped with employee must wash hands sign to remind food/conditional employees to wash hands before returning to work.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Ashley</i>	Date: <i>2/14/19</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>Darke Co HD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Danny's Place</i>	Type of Inspection <i>Standard</i>	Date <i>2-13-19</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>10</i>	<i>6.2E</i>	<i>NC</i>	<i>(Cont.) PIC stated she has extra handwashing sign in storage to post.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>56</i>	<i>4.5A</i>	<i>NC</i>	<i>Observed storage bins in walk-in unit stand up freezer near walk-in, and freezer (2 door stand up) in dry storage area to be needing cleaned. Discussed all nonfood contact surfaces of equipment shall be kept free of accumulation of any dust, dirt, and food debris. PIC stated equipment to be thoroughly cleaned as soon as possible.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>23</i>	<i>3.4H</i>	<i>C</i>	Observed the following items and date marks of food products in the walk-in cooler: <i>Observed the following items and date marks of food products in the walk-in cooler: housemade cocktail sauce (2-1), cut cauliflower (2-3), 3 containers of cole slaw (2-4), ranch veggie dip (2-5), and Buffalo chicken dip (2-3). Discussed RTE TCS foods shall be discarded by 7th day to prevent growth, or by manufacturer's use-by date if date is based on food Food safety. PIC discarded items at time of inspection.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>23</i>	<i>3.4G</i>	<i>C</i>	<i>Observed refried beans in walk-in cooler without a date mark. Observed chili, chicken wings, sliced ham, and st. new signature mild/hot sauce in cold hold prep unit without date marks. Discussed all RTE TCS products shall be clearly labeled with the date preparation by which the product shall be consumed, sold, or discarded and date of preparation counts as day 1. PIC discarded all items at time of inspection.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>52</i>	<i>4.4S</i>	<i>NC</i>	<i>Observed dry rub seasoning in walk-in cooler stored in a black forest ham single-use container. Discussed single use articles may not be reused. PIC stated commercial food grades containers will be used.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>46</i>	<i>3.2Y</i>	<i>NC</i>	<i>Observed several food items stored in 2-door stand up freezer in dry storage area severely freezer burnt. Discussed possibly storing food in quality food grade containers instead of ziplock bags to</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Ashley King</i>	Date: <i>2/14/19</i>
Sanitarian: <i>[Signature]</i>	Licensors: <i>Jake Co AD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

