

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Dollar General #16308</b>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <b>206</b>	Date <b>4/22/19</b>
Address <b>1361 Sweitzer St.</b>	City/Zip Code <b>Greenville / 45331</b>		
License holder <b>Dolgen Midwest</b>	Inspection Time	Travel Time	Category/Descriptive <b>CIS</b>
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	
<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 checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	24	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	25	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> N/O
Management, food employees and conditional employee; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>	
Proper use of restriction and exclusion		26	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> N/O
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> N/O
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		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		29	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> N/O
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 checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> N/O
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	34	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> N/O
Required records available: shellstock tags, parasite destruction		Process Review	
<b>Protection from Contamination</b>		37	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> N/O
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><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 type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> N/O		
Proper cooking time and temperatures			
19	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
20	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <input type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> OUT <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			

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Name of Facility <b>Dollar General #16308</b>	Type of Inspection <b>Standard</b>	Date <b>4/22/19</b>
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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

- 38  IN  OUT  N/A  N/O Pasteurized eggs used where required
- 39  IN  OUT Water and ice from approved source

### Food Temperature Control

- 40  IN  OUT  N/A  N/O Proper cooling methods used; adequate equipment for temperature control
- 41  IN  OUT  N/A  N/O Plant food properly cooked for hot holding
- 42  IN  OUT  N/A  N/O Approved thawing methods used
- 43  IN  OUT  N/A Thermometers provided and accurate

### Food Identification

- 44  IN  OUT Food properly labeled; original container

### Prevention of Food Contamination

- 45  IN  OUT Insects, rodents, and animals not present/outer openings protected
- 46  IN  OUT Contamination prevented during food preparation, storage & display
- 47  IN  OUT Personal cleanliness
- 48  IN  OUT  N/A  N/O Wiping cloths: properly used and stored
- 49  IN  OUT  N/A  N/O Washing fruits and vegetables

### Proper Use of Utensils

- 50  IN  OUT  N/A  N/O In-use utensils: properly stored
- 51  IN  OUT  N/A Utensils, equipment and linens: properly stored, dried, handled
- 52  IN  OUT  N/A Single-use/single-service articles: properly stored, used
- 53  IN  OUT  N/A  N/O Slash-resistant and cloth glove use

### Utensils, Equipment and Vending

- 54  IN  OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
- 55  IN  OUT  N/A Warewashing facilities: installed, maintained, used; test strips
- 56  IN  OUT Nonfood-contact surfaces clean

### Physical Facilities

- 57  IN  OUT  N/A Hot and cold water available; adequate pressure
- 58  IN  OUT  N/A Plumbing installed; proper backflow devices
- 59  IN  OUT  N/A Sewage and waste water properly disposed
- 60  IN  OUT  N/A Toilet facilities: properly constructed, supplied, cleaned
- 61  IN  OUT  N/A Garbage/refuse properly disposed; facilities maintained
- 62  IN  OUT Physical facilities installed, maintained, and clean
- 63  IN  OUT Adequate ventilation and lighting; designated areas used
- 64  IN  OUT  N/A Existing Equipment and Facilities

### Administrative

- 65  IN  OUT  N/A 901:3-4 OAC
- 66  IN  OUT  N/A 3701:21 OAC

## 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
56	4.5A	NC	Observed cold drink cooler milk/dairy cooler and fresh foods cooler with build up of food debris on bottom shelving of units. Discussed nonfood contact surfaces of equipment shall be maintained clean to preclude accumulation of soils & food residues. PIC stated cooler are cleaned one-two times per week, and coolers are scheduled to be cleaned today.	<input type="checkbox"/>	<input type="checkbox"/>
10	5.1C	NC	Observed employee restroom handwashing sinks (both men & women's) with cold running water and <u>no HOT!</u> Discussed handwashing sinks shall be equipped to provide water at a temperature of at least 100 OF through a mixing valve or combination faucet. PLEASE FIX! Thank you	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge 	Date: <b>4-22-19</b>
Sanitarian 	Licensors: <b>DCHD</b>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

