

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

Name of facility Palace Coffee LLC	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 141	Date 6/13/19
Address 537 S Broadway, Suite 101	City/Zip Code Greenville 145331		
License holder Palace Coffee LLC	Inspection Time 105	Travel Time 10	Category/Descriptive C45
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 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 Proper date marking and disposition <input type="checkbox"/> N/A <input type="checkbox"/> N/O
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 Time as a public health control: procedures & records <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Employee Health	Consumer Advisory
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 type="checkbox"/> IN <input type="checkbox"/> OUT Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/> N/A
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	Highly Susceptible Populations
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 Pasteurized foods used; prohibited foods not offered <input checked="" type="checkbox"/> N/A
Good Hygienic Practices	Chemical
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food additives: approved and properly used <input checked="" type="checkbox"/> N/A
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 checked="" type="checkbox"/> OUT Toxic substances properly identified, stored, used <input type="checkbox"/> N/A
Preventing Contamination by Hands	Conformance with Approved Procedures
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 Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan <input checked="" type="checkbox"/> N/A
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT No bare hand contact with ready-to-eat foods or approved alternate method properly followed <input type="checkbox"/> N/A <input type="checkbox"/> N/O	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Fresh Juice Production <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
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 Special Requirements: Heat Treatment Dispensing Freezers <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Custom Processing <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Bulk Water Machine Criteria <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food received at proper temperature <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Acidified White Rice Preparation Criteria <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
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 Critical Control Point Inspection <input type="checkbox"/> N/A
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT Required records available: shellstock tags, parasite destruction <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT Process Review <input checked="" type="checkbox"/> N/A
Protection from Contamination	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT Variance <input checked="" type="checkbox"/> N/A
15 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food separated and protected <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food-contact surfaces: cleaned and sanitized <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
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 Proper cooking time and temperatures <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper reheating procedures for hot holding <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooling time and temperatures <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	
21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper hot holding temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
22 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures	

Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

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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	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	55	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
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 Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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 Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<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
Prevention of Food Contamination		62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Administrative	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	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		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		

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
23	3.4 G	C	Observed baby spinach container that had been opened and opened house made soy dressing in reach in refrigeration unit without date marks. Discussed RTE TCS shall be date marked for 7 days with the day of preparation or day item was opened counting as day 1. PC date marked with prep / open date & discard date @ time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	3.4 F	C	Observed cut leafy greens in reach in refrigeration unit that were prepped yesterday holding 47°F. Discussed all RTE TCS products shall be maintained 41°F or below to prevent growth. PC discarded at the time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Cherise Westfall</i>	Date: <i>6-13-19</i>
Sanitarian <i>[Signature]</i>	Licensors: <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
55	4.2 I	NC	No quat test strips available at the time of inspection. Observed quaternary ammonia sanitizing solution being used to wipe counters & clean equipment. Discussed test kit or some device which accurately measures the concentration in ppm (mg/L) of sanitizing solutions shall be present at the FSO. Discussed using chlorine bleach solution until quat test strips are obtained. Thank you!	<input type="checkbox"/>	<input type="checkbox"/>
15	3.2 C	C	Observed eggs in stand up refrigeration unit next to 2-door stand up freezer being stored in direct contact with RTE foods such as butter, bread, and pancakes. Discussed storing raw products below RTE foods to prevent potential cross contamination from occurring.	<input type="checkbox"/>	<input type="checkbox"/>
54	4.4 A	NC	Observed gasket seal on stand up refrigeration unit next to 2-door stand up freezer with an in starting to come loose. Discussed equipment shall be maintained in a state of good repair so unit appropriately holds temperature of TCS products 41°F or below.	<input type="checkbox"/>	<input type="checkbox"/>
47	2.3 C	NC	Observed baristas without hair restraints filling customer orders & working with food. Discussed food employees shall effectively restrain hair by wearing hair restraints such as hats, nets nets, or visors to protect food from coming into contact with exposed hair.	<input type="checkbox"/>	<input type="checkbox"/>
28	7.1 E	C	Observed ^{chlorine} chemical sanitizing solution that was pre-made and portioned into spray bottle testing at a concentration much greater than 200 ppm. Discussed chemical sanitizers used for sanitation purposes shall be used in accordance with label instructions at a concentration specified by manufacturer use directions. All diluted to b/w 50-99 ppm @ time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>[Signature]</i>	Date: <i>6-13-19</i>
Sanitarian: <i>[Signature]</i>	Licensors: <i>PLHD</i>

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Observations and Corrective Actions (continued)

Mark 'X' in appropriate box for CDS and R. CDS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	CDS	R
<i>56</i>	<i>4.4A</i>	<i>NC</i>	<i>Observed chemical sanitizing dish machine overflow when ran to test chemical concentration of Chlorine bleach solution. Water would overflow from testing port onto floor, making a mess of standing water in the Kitchen. Discussed all equipment shall be maintained in a state of good repair. PIC stated he had already contacted a plumber to come take a look at the issue, and would be out today to service dish machine. Dish machine had been serviced when went back to the ISO to go over report</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>56</i>	<i>4.4A</i>	<i>NC</i>	<i>Observed stand up fridge next to handwashing sink in Kitchen leaking into catch cups. Discussed equipment shall be maintained in good repair & proper adjustment. PIC to contact maintenance to take a look at issue w/ refrigeration unit</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/73</i>	<i>3.46</i>	<i>C</i>	<u><i>CRITICAL CONTROL POINT INSPECTION</i></u> <u><i>T/T Time /Temp Controlled Safety Food</i></u> <i>Observed opened container of baby spinach (> 24 hrs) and house made soy dressing in reach in refrigeration prep unit without date marks. Discussed all RTE, TCS foods shall be date marked and discarded by 7th day. Items dated @ time of inspection.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/22</i>	<i>3.4F</i>	<i>C</i>	<u><i>T/T Time /Temp Controlled Safety Food</i></u> <i>Observed wt leafy greens in reach-in refrigeration unit prepped yesterday holding @ 47°F. Discussed all RTE, TCS foods shall be maintained at 41°F or below. Discarded at time of inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/15</i>	<i>3.2C</i>	<i>C</i>	<u><i>T/T Protection from Contamination</i></u> <i>Observed eggs in stand up fridge next to 2-door stand up freezer stored next to RTE foods. Discussed storage order to prevent contamination</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Celia Westhe</i>	Date: <i>6-13-19</i>
Sanitarian: <i>[Signature]</i>	Licensor: <i>DLAD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

