

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

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| Name of facility<br><b>Ansonia Local Schools K-12</b>  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><b>1005</b>         | Date<br><b>12/9/19</b>                 |
| Address<br><b>600 E. Canal St.</b>   |   | City/Zip Code<br><b>Ansonia/45303</b> |  |
| License holder<br><b>Superintendent</b>  | Inspection Time   | Travel Time<br><b>30</b>              | Category/Descriptive<br><b>NCYS</b>    |
| Type of Inspection (check all that apply)<br><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<br><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 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 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           |
| <b>Employee Health</b>  |  | <b>Consumer Advisory</b>   |   |
| 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   | <b>Highly Susceptible Populations</b>  |   |
| 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   |
| <b>Good Hygienic Practices</b>                                |  | <b>Chemical</b>  |   |
| 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O   | 28   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Toxic substances properly identified, stored, used                                |
| <b>Preventing Contamination by Hands</b>                      |  | <b>Conformance with Approved Procedures</b>  |   |
| 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        |
| <b>Approved Source</b>  |  | 32   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" 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   |
| <b>Protection from Contamination</b>                          |  | 37   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance   |
| 15  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | <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 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  |  |   |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b> |  |  |   |
| 18  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> IN <input 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<br><i>Ansonia Local Schools K-12</i> | Type of Inspection<br><i>Standard CCP</i> | Date<br><i>12/9/19</i> |
|---|---|------------------------|

## 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<br>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<br>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<br>Nonfood-contact surfaces clean  |
| 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<br>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<br>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<br>Sewage and waste water properly disposed                         |
| Food Identification              |   | 60  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Toilet facilities: properly constructed, supplied, cleaned       |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 61  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Garbage/refuse properly disposed; facilities maintained          |
| Prevention of Food Contamination |   | 62  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>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<br>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<br>Existing Equipment and Facilities                                |
| 47                               | <input checked="" type="checkbox"/> IN <input 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<br>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<br>3701-21 OAC  |
| Proper Use of Utensils           |   | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>1-TEMP THERMOLABEL®</b><br/>                     Square turns black as temperature is reached<br/>                     160°F<br/>                     71°C<br/>                     TLL-160                 </div> |  |
| 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                                   |
|--------------|--------------|----------------|---|-------------------------------------|-------------------------------------|
| <i>15/35</i> | <i>3.2C</i>  | <i>C</i>       | <i>Observed porkina bag and chicken in a bag in the same container bin and stored above fruits, vegetables, eggs and cheese. PIC rearranged @ inspection in cart in walk in cooler. Discussed foods shall be stored to prevent cross contamination. Instructional example provided to educate staff on proper storage order</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <i>23/35</i> | <i>3.4G</i>  | <i>C</i>       | <i>Observed in walk-in cooler, no dates on premade chili, fruit cocktail bowl, open cheddar and white cheeses, <del>etc</del> PIC dated @ inspection. Discussed foods when removed from freeze and original package or prepared shall be dated to adhere to</i>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

|   |                          |
|---|--------------------------|
| Person in Charge<br><i>Paula Morley</i> | Date:<br><i>12-9-19</i>  |
| Sanitarian<br><i>Chris Curtis</i>       | Licensor:<br><i>DCHD</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

**State of Ohio**  
**Continuation Report**  
 Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |                        |
|---|---|------------------------|
| Name of Facility<br><i>Ansonia Local Schools K-12</i> | Type of Inspection<br><i>Standard CCP</i> | Date<br><i>12/9/19</i> |
|---|---|------------------------|

**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>23/35</i>                  | <i>3.46</i>  | <i>C</i>       | <i>Cont...<br/>7 day rule of cold hold for foods.</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>V/35</i>                   | <i>2.7C2</i> | <i>C</i>       | <i>Observed security guard entering kitchen to speak with PIC about a child during food service. Discussed non-essential personnel shall not enter during food prep or service to prevent contamination.</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>2/35</i>                   | <i>2.4A2</i> | <i>NC</i>      | <i>No level 2 management food safety training on file, PIC returned in 2018 after being away for 5 years. Took test once with no pass, PIC to sign up for January proctor exam @ OSU extension office. Discussed requirement for PIC to have management level food safety cert.</i> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>56</i>                     | <i>4.5A3</i> | <i>NC</i>      | <i>Observed build up of ice on edges of ice cream freezers. Discussed need to keep non food contact surfaces clean to prevent contamination.</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>61</i>                     | <i>6.1R</i>  | <i>NC</i>      | <i>Observed a dumpster on loose rock area of refuse location. Discussed dumpsters should be located on concrete &amp; sloping to drain to dispose of liquid waste from refuse and cleaning of receptacles.</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>CRITICAL CONTROL POINT</b> |              |                |   |                                     |                                     |
| <i>15/35</i>                  | <i>3.2C</i>  | <i>C</i>       | <i><u>VII Protection from contamination</u><br/>Observed bad storage order of pork &amp; chicken on a cart in walk-in frig. PIC corrected. Discussed proper storage order to prevent cross contamination.</i>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>23/35</i>                  | <i>3.46</i>  | <i>C</i>       | <i><u>VII Time/Temp Controlled Safety Food</u><br/>Observed no dates on several prepared &amp; open containers, PIC corrected. Discussed proper dating to satisfy 7 day requirements.</i>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

|                                      |                        |
|--------------------------------------|------------------------|
| Person in Charge: <i>Paula Hardy</i> | Date: <i>12-9-19</i>   |
| Sanitarian: <i>Chris Bennett</i>     | Licensor: <i>DC HD</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

# Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |                        |
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| Name of Facility<br><i>Ansonia Local Schools K-12</i> | Type of Inspection<br><i>Standard CCP</i> | Date<br><i>12/9/19</i> |
|---|---|------------------------|

### 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                                   |
|-------------|--------------|----------------|---|--------------------------|-------------------------------------|
|             |              |                | CCP Cont...   | <input type="checkbox"/> | <input type="checkbox"/>            |
| <i>1/35</i> | <i>2.4C2</i> | <i>C</i>       | <del>II</del> <i>Employee Health</i><br><i>Observed security guard in kitchen during food service. Discussed need to keep non-essential personnel from entering kitchen during service.</i>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>2/35</i> | <i>2.4A2</i> | <i>NC</i>      | <del>IV</del> <i>Demonstration of Knowledge</i><br><i>No level 2 Manager food safety cert on file. Discussed requirement, PIC to sign up for January proctor exam @ OSU extension office.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|             |              |                | <i>*excellent cleanlines and employee procedure.</i>  | <input type="checkbox"/> | <input type="checkbox"/>            |
|             |              |                | <i>Paula.moody@Ansonia schools.org</i>  | <input type="checkbox"/> | <input type="checkbox"/>            |

|   |                            |
|---|----------------------------|
| Person in Charge:<br><i>Paula Moody</i> | Date:<br><i>12-9-19</i>    |
| Sanitarian:<br><i>Chin Crest</i>        | Licensors:<br><i>PC HD</i> |