

Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Captain D's</i>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1139</i>	Date <i>11/4/2019</i>
Address <i>656 Wagner Ave</i>		City/Zip Code <i>Greenville / 45331</i>		
License holder <i>Captain D's LLC</i>		Inspection Time <i>140</i>	Travel Time <i>10</i>	Category/Descriptive <i>C45</i>
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
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 <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 Management, food employees and conditional employee; knowledge, responsibilities and reporting	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 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 <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 Proper eating, tasting, drinking, or tobacco use	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 No discharge from eyes, nose, and mouth	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 Hands clean and properly washed	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 No bare hand contact with ready-to-eat foods or approved alternate method properly followed	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 Adequate handwashing facilities supplied & accessible	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 Food obtained from approved source	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 Food received at proper temperature	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 Food in good condition, safe, and unadulterated	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 Required records available: shellstock tags, parasite destruction	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 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper reheating procedures for hot holding		
20	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures		
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <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		

State of Ohio Food Inspection Report

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Name of Facility <i>Captain D's</i>	Type of Inspection <i>Standard</i>	Date <i>11/4/19</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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input type="checkbox"/> IN <input checked="" 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		Physical Facilities	
40	<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
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input checked="" 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		Administrative	
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		Physical Facilities	
45	<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Physical facilities installed, maintained, and clean	
47	<input checked="" 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 type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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
901:3-4 OAC		66	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
3701-21 OAC		Administrative	
50		Administrative	
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Administrative	
In-use utensils: properly stored		Administrative	
51		Administrative	
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Administrative	
Utensils, equipment and linens: properly stored, dried, handled		Administrative	
52		Administrative	
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Administrative	
Single-use/single-service articles: properly stored, used		Administrative	
53		Administrative	
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		Administrative	
Slash-resistant and cloth glove use		Administrative	

Temp Rite. Dishwasher Temperature Test Strip TAYLOR, 8767

PASS WHEN BLUE BAR TURNS ORANGE 180°F

ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA (82°C)

Date: _____ Fecha Empleado: _____

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
15	3.2.2	C	Observed food items in undercounter reach-in refrigeration units uncovered and unprotected. Discussed food items shall be stored in packages, covered containers, or wrappings. Provision does not apply to whole, uncut, raw fruits & vegetables and nuts in shell requiring peeling or hulling before consumption.	<input type="checkbox"/>	<input type="checkbox"/>
16	4.5.3d	C	Observed pop nozzles to be dirty at the time of inspection - Discussed surfaces of utensils & equipment contacting food that is not TCS shall be cleaned at a frequency necessary to preclude accumulation of food soils & other residues. PIC cleaned & sanitized @ time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge 	Date:
Sanitarian	Licensor: <i>DC HD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio Continuation Report

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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
20	3.4D	C	Observed green beans in walk-in cooler cooling at the time of inspection. Green beans tempered @ 70°F after 3.5 hours of cooling process beginning. Discussed cooling shall be from 135°F down to 70°F within 2 hours and from 70°F down to 41°F or below w/in an additional 4 hrs, not to exceed 6 total hours. Green beans discarded @ the time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56	4.5A	NL	Observed nonfood contact surfaces needing cleaned at the time of inspection. Build up under cabinet below pop machine, microwave on top across from turbo air single-door cooler, seals on undercounter reach-in refrigerators, racking/shelving under stainless steel table in kitchen area. Nonfood contact surfaces shall be clean to sight & touch.	<input type="checkbox"/>	<input type="checkbox"/>
54	4.4A	NL	Damaged seal on single-door fridge next to fryers. Discussed replacing or repairing gasket seal such that equipment is maintained in a state of good repair & proper adjustment.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4B	NL	Physical facilities - floors, walls, ceilings - need cleaned more frequently to prevent build up. Build up on floors and wall behind fryer & stainless steel table in kitchen, build-up in walk-in freezer of food debris, and floors in dish and back storage area.	<input type="checkbox"/>	<input type="checkbox"/>
43	4.14	NL	No ambient thermometers in single-door reach in fridge by fryers and undercounter reach-in by hot holding/serving line & undercounter unit in front counter/ordering area. Discussed ambient temp. gauges shall be in all units to accurately monitor temp. of cold hold units.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4M	NL	Observed several maintenance items, paint and brushes, etc. stored on the ground in the back storage area. Discussed maintenance items	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: 	Date:
Sanitarian: 	Licenser: <i>DCAD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio
Continuation Report


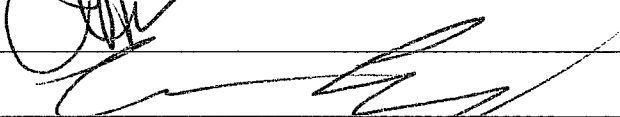
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Observations and Corrective Actions (continued)

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Item No.	Code Section	Priority Level	Comment	COS	R
<i>62</i>	<i>6-4M</i>	<i>NC</i>	<i>(cont.) shall be stored in a more orderly manner that facilitates proper cleaning of the physical facilities.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>62</i>	<i>6-4A</i>	<i>NC</i>	<i>Observed grout in kitchen & dish area holding food debris and water (in dish area). Discussed grout shall be maintained in good repair as it starts to break down and hold food debris & other residues.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>66</i>	<i>3701-21-03</i>	<i>NC</i>	<i>Observed new dish machine installed without prior approval from the licenser. Discussed, before alteration or installation of new equipment requiring extensive changes, the licensee shall be granted prior approval from the HD. Plumbing shall be done by a state licensed commercial plumber registered herein Darke County.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<u>CRITICAL CONTROL POINT</u>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/15</i>	<i>3.2C</i>	<i>C</i>	<u>VI PROTECTION FROM CONTAMINATION</u> <i>Observed uncovered food in multiple refrigeration units. Food shall be covered & protected to protect against potential contamination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/16</i>	<i>4.5B</i>	<i>C</i>	<u>VI PROTECTION FROM CONTAMINATION</u> <i>Pop hood not dirty. Please clean more frequently to prevent build up of soils and mold.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/20</i>	<i>3.4D</i>	<i>C</i>	<u>VIII Time/Temp Controlled for Safety Foods</u> <i>Improper cooling procedures & temperatures observed. Discussed proper cooling methods. Items improperly cooled discarded @ time of inspection.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>NOTE: Discussion w/ PIC - District Manager to ensu. Root confirmation. Will update file when received.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: 	Date:
Sanitarian: 	Licenser: <i>PCAD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL