

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Kroger #833</b>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <b>2136</b>	Date <b>11/25/19</b>
Address <b>200 Lease Ave</b>		City/Zip Code <b>Greenville / 45331</b>	
License holder <b>Kroger Limited Partnership</b>	Inspection Time <b>240</b>	Travel Time <b>10</b>	Category/Descriptive <b>C35</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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Pasteurized foods used; prohibited foods not offered
<b>Good Hygienic Practices</b>		<b>Chemical</b>	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" 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 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	33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Critical Control Point Inspection
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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	<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 checked="" 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		

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Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <b>Kroger #833</b>	Type of Inspection <b>Standard</b>	Date <b>11/25/19</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	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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		
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved thawing methods used
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate
Food Identification		
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container
Prevention of Food Contamination		
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables
Proper Use of Utensils		
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant and cloth glove use

Utensils, Equipment and Vending		
54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips
56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Nonfood-contact surfaces clean
Physical Facilities		
57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plumbing installed; proper backflow devices
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
60	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained, and clean
63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities
Administrative		
65	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	901:3-4 OAC
66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	3701-21 OAC

TAYLOR 8767

Temp-Rite Dishwasher Temperature Test Strip

180°F

PASS WHEN BLUE BAR TURNS ORANGE (82°C)

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

Date: \_\_\_\_\_ Emp: \_\_\_\_\_

## 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
16	4.5A1	C	Observed I asked about cleaning frequency of food contact surfaces in produce prep area. PIC indicated wash/rinse/sanitized once @ end of day. Discussed need to clean surfaces and utensils every 10 hours per cooler environment conditions to maintain area free of contamination.	<input type="checkbox"/>	<input type="checkbox"/>
23	3.4H	C	Observed Milk with date of Nov 22 <sup>nd</sup> 2019. PIC discarded @ inspection. Discussed TCS/ RTE foods shall be discarded by manufacturers use by date.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>James Hamrick</i>	Date: <b>11-25-19</b>
Sanitarian <i>Chris Curtis</i>	Licensor: <b>DC HD</b>

**State of Ohio**  
**Continuation Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <b>Kroger #833</b>	Type of Inspection <b>Standard</b>	Date <b>11/25/19</b>
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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
65	OAC 903.3-4-15B	C	Observed similar Sensitive in orange box x3 with use by date of Nov. 1st, 2019. Observed Stoney Field Strawberry Banana x8 with use by date Nov 20th, 2019 and Blueberry x6w/ use by date of Nov 3rd 2019. PTC discarded @ time of inspection. Discussed need to discard baby/child products by use by date to decrease illnesses to sensitive populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	3.24	NC	Observed debris/dirt build up on top part of produce casing. Discussed need to clean equipment as often as necessary to decrease contamination risk.	<input type="checkbox"/>	<input type="checkbox"/>
54	4.4B	NC	Observed employee using scratched/scored cutting Board in produce prep area. Discussed food contact surfaces shall be maintained or replaced to assure cleanliness can be maintained and contamination reduced.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56	4.5A2	NC	Observed floors and shelving areas of produce to be dirty w/debris. Discussed need to clean surfaces as often as necessary to maintain cleanliness.	<input type="checkbox"/>	<input type="checkbox"/>
46	3.2G	NC	Observed several products throughout the facility on the floor in packaged/boxes. Discussed need to keep products 6" off the floor to prevent contamination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57	4.4A	NC	Observed standing water in Bakery in front of proofer. PTC states water from proofer & it does that every time. Discussed need to maintain equipment in good repair.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	6.4B	NC	Observed build up of debris on freezer floor in the bakery. Discussed need to clean as often as necessary to maintain.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <b>James Aronoff</b>	Date: <b>11-25-19</b>
Sanitarian: <b>Chris Lewis</b>	Licensor: <b>DCHD</b>

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
45	6.1M	NC	Observed gap in dock door due to issue with custer wheel in door mechanism. Discussed need to decrease pest intrusion through use of guards or tight fitting doors.	<input type="checkbox"/>	<input type="checkbox"/>
56	4.5D	NC	Observed non food contact surfaces in Meat Freezer, <del>and debris on hand washing sink in meat department</del> . Discussed non-food contact surfaces shall be cleaned w/ frequency to maintain cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4A	NC	Observed missing tile trim @ entrance to meat department. Discussed physical facilities shall be maintained in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4B	NC	Observed 2 areas in Meat department walk-in refrigerator w/dried blood on floor. Discussed physical facilities shall be cleaned as often as necessary to maintain cleanliness.	<input type="checkbox"/>	<input type="checkbox"/>
10	5.10	C	Observed food debris in hand washing sink. Discussed hand washing sink may not be used for any other purpose than hand washing.	<input type="checkbox"/>	<input type="checkbox"/>
60	5.4H	NC	Observed trashcan in middle stall of back employee bathroom (women's) w/out a lid. Discussed toilet rooms used by females shall be provided w/a covered receptacle for sanitary napkins.	<input type="checkbox"/>	<input type="checkbox"/>
			* Please make sure to have Level 2 OPH certificate on file for inspections	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <b>James Demich</b>	Date: <b>11-25-19</b>
Sanitarian: <b>Chris Gust</b>	Licenser: <b>11/25/19</b>