

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Marco's Pizza</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>158</i>	Date <i>11/13/19</i>
Address <i>900 EAST MAIN ST</i>	City/Zip Code <i>GREENVILLE / 45331</i>		
License holder <i>AUTHENTIC PIZZA LLC</i>	Inspection Time <i>130</i>	Travel Time <i>10</i>	Category/Descriptive <i>C35</i>
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	
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures		
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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		

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Name of Facility <i>Marco's Pizza</i>	Type of Inspection <i>Standard</i>	Date <i>11/13/19</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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
	Approved thawing methods used		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
	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	61	<input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	64	<input type="checkbox"/> IN <input checked="" 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	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Washing fruits and vegetables		901-3-4 OAC
Proper Use of Utensils		66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		3701-21 OAC
	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 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Slash-resistant and cloth glove use		

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
62	6.1A	NC	Observed wall behind dough proofer, make table, and across from storage rack in storage area degrading severely and coming apart from finish/foundation of walls. PICs office door still missing trim exposing wood trim and flooring breaking down throughout the entire facility. Discolored walls, wall covering and floors shall be maintained in a state of good repair such that they are smooth and easily cleanable. REPEAT PIC stated issues have been brought up but nothing has been done to address concerns associated w/ the physical facilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64	3717-1-20	NC	Overall physical facilities and several pieces of equipment such as the pizza make table no longer maintained in good repair and unable to	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <i>11/13/2019</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
<i>64</i>	<i>2717-1-20</i>	<i>NC</i>	<i>(Cont.) be maintained in a sanitary condition as a direct result. Discussed operations in operation prior to March 1, 2001 shall equip and replace / and repair any equipment & physical facilities (floors, walls, and ceilings) that are no longer in a state of good repair and that cannot be maintained in a sanitary condition.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>62</i>	<i>6.4A</i>	<i>NC</i>	<i>Observed physical facilities to be dirty ^(broken) at the time of inspection. Behind make table, corn meal station, prep and 3-comp sink, prep area, back storage room, etc. needing cleaned. PIC stated heavy cleaning takes place, but physical facilities are so old that does not allow / facilitate proper cleaning. <u>Repair issue - not cleaning issue</u></i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* WALL - IN LOOK R TILES UNDER PICKS</i>		
<i>45</i>	<i>6.1M</i>	<i>NC</i>	<i>Observed inadequate door sweeps on both side and back doors. Discussed outer openings shall be protected against entry of pests. Repeat - please address this issue</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>54</i>	<i>4.4A</i>	<i>NC</i>	<i>Observed catch bucket in make table with liquid in it @ time of inspection. Discussed equipment shall be maintained in good repair. PIC stated equipment old and hasn't been working properly. Please <u>replace</u> or fix</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>56</i>	<i>4.5D</i>	<i>NC</i>	<i>Make table observed with build up of dust dirt and other debris. Discussed cleaning frequency of equipment to keep it clean. PIC stated make table is old and difficult to keep & maintain clean.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>62</i>	<i>6.1F</i>	<i>NC</i>	<i>Coving throughout RFG in disrepair / not fully / completely attached & secure to walls such that they are easily detachable. Discussed facilitation of adequate cleaning - coving shall</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>[Signature]</i>	Date: <i>11/13/2019</i>
Sanitarian: <i>[Signature]</i>	Licenser: <i>[Signature]</i>

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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>6.1F</i>	<i>NC</i>	<i>cont.) be attached securely to walls in all areas of the RFG.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>56</i>	<i>4.5D</i>	<i>NC</i>	<i>Nonfood contact surfaces such as wubby hiders underneath pizza cutting station, sauce hider on pizza cutting station, and racks/shelving units throughout Establishment needing cleaned. Nonfood contact surfaces shall be cleaned as often as necessary to keep them clean.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>58</i>	<i>5.1D</i>	<i>C</i>	<i>Observed mop sink hose resting down in mop basin. Discussed mop hose shall either be kept up & out of mop sink when not in-use or cut above flood rim level of basin to protect against back siphonage concerns.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>54</i>	<i>4.4B</i>	<i>NC</i>	<i>Cutting blocks for prep severely scratched and scored. Discussed cutting blocks shall either be replaced or resurfaced if they can no longer be effectively cleaned & sanitized.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>NOTE = ONE CRITICAL VIOLATIONS NOTED DURING CURRENT STANDARD. HOWEVER SEVERE CONCERNS W/ THE OVERALL REPAIR OF THE PHYSICAL FACILITIES WAS NOTED & OBSERVED. SEVERITY OF ISSUES HINDERING RTE FROM PROPER MAINTENANCE, CLEANING AND UPKEEP OF THE RETAIL FOOD ESTABLISHMENT. IN ORDER TO REMAIN COMPLIANCE W/ OHIO UNIFORM FOOD SAFETY CODE, ISSUES SHALL BE ADDRESSED AS SOON AS POSSIBLE OR FURTHER ENFORCEMENT ACTION SHALL BE ADMINISTERED.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>QUESTIONS, CONTACT: 937 548 4196 (x225)</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>CONNOR.SUPER@DARKECOUNTYHEALTH.ORG</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>[Signature]</i>	Date: <i>11/13/2019</i>
Sanitarian: <i>[Signature]</i>	Licenser: <i>DCHP</i>

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