

# Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Miller's Tavern</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1104</i>	Date <i>11/8/19</i>
Address <i>15 N High St.</i>	City/Zip Code <i>Arcanum /</i>		
License holder <i>Tina Dider</i>	Inspection Time <i>125</i>	Travel Time <i>20</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	
<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 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 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 Management, food employees and conditional employee; knowledge, responsibilities and reporting	25	<input 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 Proper use of restriction and exclusion	<b>Highly Susceptible Populations</b>	
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
<b>Good Hygienic Practices</b>		<b>Chemical</b>	
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
<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 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
<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 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
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 Food separated and protected	<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 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		
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding		
20	<input checked="" type="checkbox"/> IN <input 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

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Miller's Tavern</i>	Type of Inspection <i>Standard</i>	Date <i>11/8/19</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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		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
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 checked="" type="checkbox"/> IN <input 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		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained	
Insects, rodents, and animals not present/outer openings protected		62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean	
Contamination prevented during food preparation, storage & display		63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used	
Personal cleanliness		64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Existing Equipment and Facilities	
Wiping cloths: properly used and stored			
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	
Washing fruits and vegetables		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Proper Use of Utensils		901:3-4 OAC	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	
In-use utensils: properly stored		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC	
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			

## 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
55	4.2 I	NC	No test strips available for quaternary ammonium sanitizing solution. Discussed a test kit or other means of testing the sanitizing solution shall be present and on-site which accurately measures the concentration in ppm (mg/L) of the sani-solution. PIC instructed to use EPA-reg'd bleach sanitizing solution until QUAT test strips obtained.	<input type="checkbox"/>	<input type="checkbox"/>
15	3.2 C	C	Observed bean soup in walk-in cooler stored next to raw hamburger. Discussed looked at RTE foods shall be stored separately from any raw food products to protect against potential contamination. PIC corrected storage order at the time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Malinda D. Long</i>	Date: <i>11-8-19</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>DCHD</i>

**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
16	4.5A	C	Ice machine needing drained and cleaned. Discussed ice machine shall be cleaned as often as necessary to prevent/preclude build-up. PIC put DO-NOT-USE sign until corrected.	<input type="checkbox"/>	<input type="checkbox"/>
15	3.2C	C	Observed uncovered French fries in single-door freezer in kitchen & uncovered beef broth in chest freezer in pizza room. Discussed all food shall be kept covered & protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	4.5B5	C	Tea dispensing nozzle appeared to have a build-up @ the time of inspection. Discussed cleaning frequency of food contact surfaces contacting food that is not time/temp controlled for safety. Please clean more frequently to preclude accumulation. Thank you. PIC put OUT-OF-ORDER sign until corrected.	<input type="checkbox"/>	<input type="checkbox"/>
35/15	3.2C	C	<u>CRITICAL CONTROL POINT</u> Observed bean soup stored next to hamburger meat on bottom shelf in walk-in-cooler. Cooked RTE foods shall be stored above any raw food item corrected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35/16	4.5A	C	Ice machine needing cleaned and sanitized. Discussed cleaning frequency to prevent any build-up. PIC to let manager know for cleaning. DO-NOT-USE.	<input type="checkbox"/>	<input type="checkbox"/>
35/15	3.2C	C	Uncovered food items in reach-in freezer and chest freezer in pizza room. ALL food items shall be kept covered and protected when not in continual use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35/16	4.5B	C	Tea dispensing nozzle w/ build-up @ time of inspection. Cleaning frequency shall amplify to keep clean. OUT-OF-ORDER until cleaned & sanitized.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Mahesh D. Ray</i>	Date: <i>11-08-19</i>
Sanitarian: <i>[Signature]</i>	Licensors: <i>DCAD</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>NOTES: level 2 Manager Certified</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Individual not on-site at the time of inspection:</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Discussed:</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>• Keeping bodily fluid clean up procedures somewhere where everyone knows where it is located for responding to any accidents</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>• Keeping Employee belongings stored appropriately</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>• Removing or cleaning fans in bar area and pizza room</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>• HW signage in Men's Restrooms (NO MEN EMPLOYEES ACTUALLY)</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>NOTE: • New HATCO commercial Toaster UL listed; mod no. TPT-120 Approved</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* Excellent datemarking and product labeling</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* Would recommend Ford Safety training for employees when Manager is NOT Available</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Thank you!</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Malinck Dany</i>	Date: <i>11-8-19</i>
Sanitarian: <i>[Signature]</i>	Licensor: <i>DLHD</i>