

# Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>The Merchant House</i>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>204</i>	Date <i>10/17/19</i>
Address <i>406 S Broadway</i>		City/Zip Code <i>Greenville 45331</i>		
License holder <i>The Merchant House</i>		Inspection Time <i>135</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	
<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 type="checkbox"/> IN <input checked="" 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
<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 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 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	<b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.	
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	<b>Public health interventions</b> are control measures to prevent foodborne illness or injury.	
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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>The Merchant House</i>	Type of Inspection <i>Standard</i>	Date <i>10/17/19</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 type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> N/A <input checked="" 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 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Physical facilities installed, maintained, and clean
	Contamination prevented during food preparation, storage & display	63	<input type="checkbox"/> IN <input checked="" 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	Administrative	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
	Washing fruits and vegetables		901:3-4 OAC
Proper Use of Utensils		66	<input checked="" 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 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
16	4.5 B	C	Observed pop nozzles to be dirty and needing cleaned / sanitized at the time of inspection. Discussed beverage dispensing nozzles shall be cleaned at a frequency necessary to preclude accumulation of soils and other residues. Nozzles removed at time of inspection to be soaked in sanitizing solution.	<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"/>
46	3.2 Y	NC	Observed several fans throughout the Food Service Operation with dust build-up. Discussed fans shall be cleaned at a more frequent basis such that food and clean equipment are protected from potential contamination. Please clean all fans in the facility. Thank you	<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"/>	<input type="checkbox"/>

Person in Charge <i>Craig Wooten</i>	Date: <i>10-18-19</i>
Sanitarian <i>[Signature]</i>	Licensors: <i>DCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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

Name of Facility <i>The Merchant House</i>	Type of Inspection <i>Standard</i>	Date <i>10/17/19</i>
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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
63	6.4D	NC	Observed build up of dust and particulate matter on the hood ventilation system above the pizza oven in the bar area. Discussed hood filters shall be removed & cleaned at a more frequent basis to prevent build-up.	<input type="checkbox"/>	<input type="checkbox"/>
16	4.4N	C	Observed sanitizing solution in sani-bucket located in kitchen testing 10 ppm. Discussed a chlorine based sanitizing solution shall used per manufacturer's use directions and of appropriate concentration to properly sanitize food contact surfaces of equipment. PIC made new sanitizing solution at the time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62	6.4 B	NC	Observed several areas of the physical facilities throughout the FSD needing cleaned at the time of inspection - back dry storage rooms; behind equipment in kitchen area; on the floor & wall by mixer unit; and in the downstairs walk-in cooler. Discussed the physical facilities shall be cleaned as often as necessary to keep them clean.	<input type="checkbox"/>	<input type="checkbox"/>
56	4.5A	NC	Observed multiple containers holding food utensils in the back storage / prep area holding food debris & other residues. Non-food contact surfaces of equipment contacting utensils used for food prep shall be clean to sight and touch. Please clean and keep clean for proper storage of not-in-use utensils.	<input type="checkbox"/>	<input type="checkbox"/>
56	4.5D	NC	Observed several non-food contact surfaces of equipment to be dirty at the time of inspection. Build up observed in bottom shelves / racking of most reach in refrigerators, prep units, and reach-in freezers; handle / non food contact portions of potato slicer; shelf above the prep sink; and bread racks / carts for food transport. Discussed	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: 	Date: <i>10-18-19</i>
Sanitarian: 	Licensor: <i>DCAD</i>

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**Observations and Corrective Actions (continued)**

Item No.	Code Section	Priority Level	Comment	COS	R
<i>56</i>	<i>4.5D</i>	<i>NC</i>	<i>(cont.) non food contact surfaces of all equipment shall be kept free of an accumulation of dust, dirt, food residues and other debris</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>54</i>	<i>4.4B</i>	<i>NC</i>	<i>Observed several cutting boards throughout the facility to be severely scratched and scored. Discussed cutting surfaces shall be resurfaced if they can no longer be effectively cleaned &amp; sanitized, or discarded if incapable of being resurfaced. PIC stated cutting boards replaced on a monthly basis and current cutting boards are about 3 1/2 weeks old.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>16</i>	<i>4.5B</i>	<i>C</i>	<i>Ice machine coming due for a cleaning. Observed slight build-up in ice machine. Discussed ice machine shall be cleaned &amp; sanitized at a frequency necessary to prevent build-up or at a frequency specified by the manufacturer. Please have completely drained, cleaned and sanitized. Thank You</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>62</i>	<i>6.4A</i>	<i>NC</i>	<i>Observed missing piece of FRP board on the ceiling in the walk-in cooler. Discussed physical facilities - floors, walls, ceilings - shall be maintained in a state of good repair. Please fix. Thank you</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>10</i>	<i>6.2B</i>	<i>NC</i>	<i>Handwashing signage at hand sink by employee restroom and also by HW sink in bar area. Discussed a sign notifying employees to wash their hands shall be provided @ each HW sink. Please hang posters to remind employees to wash hands before returning to work</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>10</i>	<i>6.2B</i>	<i>C</i>	<i>No soap at hand sink <sup>rest to</sup> employee restroom. Discussed all handwashing sinks shall be properly equipped and supplied with hand cleaning liquid, powder, or bar soap.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Craig Wooten</i>	Date: <i>10-18-19</i>
Sanitarian: <i>[Signature]</i>	Licensors: <i>DLHD</i>

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**Observations and Corrective Actions (continued)**

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Item No.	Code Section	Priority Level	Comment	COS	R
<i>2</i>	<i>2.4A</i>	<i>NC</i>	<i>Sev safe certificate available but no ODH Managers Certificate available. Discussed Managers certification for level 2 training requirements shall meet ODH's requirements. Contact <del>to</del> email given to contact state for appropriate documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/16</i>	<i>4.5B</i>	<i>C</i>	<i>CRITICAL Control Point Inspection  <u>OTI Protection from Contamination</u>            Dirty pop nozzles. Nozzles shall be cleaned as often as necessary to preclude soil accumulation. Nozzles removed for cleaning.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/16</i>	<i>4.4N</i>	<i>C</i>	<i><u>OTI Protection from Contamination</u>            Sari solution tested at 10 ppm. Discussed bleach sanitizing solution shall be 50-100 ppm. PIC changed out @ time of inspection.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/10</i>	<i>6.2B</i>	<i>C</i>	<i><u>III. Preventing Contamination by Hands</u>            HW sink by employee restroom not adequately supplied with signage and HW soap. All HW sinks shall facilitate adequate handwashing.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/16</i>	<i>4.5B</i>	<i>C</i>	<i><u>OTI Protection from Contamination</u>            Ice machine due for cleaning. Shall be cleaned as often as necessary or per manufacturers specs.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>NOTES: Excellent date-marking &amp; cold/hot hold temps - good employee hygiene practices observed.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Discussed ALSO:</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>• Food storage 6" up &amp; off the floor</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>• Inverting utensils &amp; single-use articles</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>• Food contact surface cleaning frequency @ least every 4 hrs.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>• Reminder to label sauce bottles</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Gray Woods</i>	Date: <i>10-18-19</i>
Sanitarian: <i>[Signature]</i>	Licensors: <i>DCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL