

State of Ohio
Food Inspection Report
Authority: Chapters 3717 and 3715 Ohio Revised Code

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|--|--|---|------------------------------|--|
| Name of facility Brown Sweet Shop + Bakery | | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number 232 | Date 01/30/2020 |
| Address 40 E. Main St. | | City/State/Zip Code Versailles / 45380 | | |
| License holder Main St. Sweet Shop Bakery | | Inspection Time 100 | Travel Time 25 | Category/Descriptive C45 |
| 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 Proper date marking and disposition <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 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 Time as a public health control: procedures & records <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Employee Health | Consumer Advisory |
| 3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting | 25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Consumer advisory provided for raw or undercooked foods <input type="checkbox"/> N/A |
| 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 Pasteurized foods used; prohibited foods not offered <input checked="" type="checkbox"/> N/A |
| 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 Food additives: approved and properly used <input checked="" type="checkbox"/> N/A |
| 7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O No discharge from eyes, nose, and mouth | 28 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Toxic substances properly identified, stored, used <input type="checkbox"/> N/A |
| 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 Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan <input checked="" type="checkbox"/> N/A |
| 9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT No bare hand contact with ready-to-eat foods or approved alternate method properly followed <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 30 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Fresh Juice Production <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 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 Special Requirements: Heat Treatment Dispensing Freezers <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Approved Source | 32 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Custom Processing <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source | 33 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Bulk Water Machine Criteria <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food received at proper temperature | 34 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Acidified White Rice Preparation Criteria <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 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 Critical Control Point Inspection <input type="checkbox"/> N/A |
| 14 <input type="checkbox"/> IN <input type="checkbox"/> OUT Required records available: shellstock tags, parasite destruction <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 36 <input type="checkbox"/> IN <input type="checkbox"/> OUT Process Review <input checked="" type="checkbox"/> N/A |
| Protection from Contamination | 37 <input type="checkbox"/> IN <input type="checkbox"/> OUT Variance <input checked="" type="checkbox"/> N/A |
| 15 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food separated and protected <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| 16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food-contact surfaces: cleaned and sanitized <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooking time and temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| 19 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper reheating procedures for hot holding <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | |
| 20 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooling time and temperatures <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | |
| 21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper hot holding temperatures <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 Proper cold holding temperatures | |

Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

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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 <input type="checkbox"/> N/A | 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 type="checkbox"/> N/A <input checked="" 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 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 <input type="checkbox"/> N/O |
| 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 | | 60 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Toilet facilities: properly constructed, supplied, cleaned | |
| Food properly labeled; original container | | 61 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Prevention of Food Contamination | | Garbage/refuse properly disposed; facilities maintained | |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 62 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Insects, rodents, and animals not present/outer openings protected | | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas | |
| 46 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 63 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| Contamination prevented during food preparation, storage & display | | Adequate ventilation and lighting; designated areas used | |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 64 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Personal cleanliness | | Existing Equipment and Facilities | |
| 48 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Administrative | |
| Wiping cloths: properly used and stored | | 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 901:3-4 OAC | |
| Washing fruits and vegetables | | 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Proper Use of Utensils | | 3701-21 OAC | |
| 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Slash-resistant, cloth, and latex 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 |
|----------|--------------|----------------|---|-------------------------------------|--------------------------|
| 15/35 | 3.2C | C | Observed uncovered tomatoes & onions in cold hold next to grill & dough in back frig. Discussed covering foods in storage to prevent contamination. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28/35 | 7B | C | Observed bottle of sanitizer in working container w/o a label. Discussed need to label working containers of chemicals. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 56 | 4.5A3 | NC | Observed handle of microwave sticky. Discussed need to keep non-food contact surfaces clean as often as necessary to maintain. | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| Person in Charge Francis Dahe | Date 1/30/2020 | Licensors DCHD |
| Sanitarian Chris Coates | | |

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 |
| | | | CRITICAL CONTROL POINT | <input type="checkbox"/> | <input type="checkbox"/> |
| 19/ 35 | 3.2C | C | <u>VII. Protection from Contamination</u> Observed uncovered foods in cold hold. Discussed need to prevent contamination | <input type="checkbox"/> | <input type="checkbox"/> |
| 28/ 35 | 7B | C | <u>X. Chemical</u> Observed unlabelled sanitation bottle. Discussed need to label working containers | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Great temp control + date marking | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | thank-you for the new cutting board next to grill and general cleanliness of location. | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--------------------------------------|------------------------|
| Person in Charge: <i>Kerrie Dake</i> | Date: <i>1/30/2020</i> |
| Sanitarian: <i>Chris Castro</i> | Licensors: <i>DCHD</i> |