

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

Name of facility Captain D's	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1139	Date 4/6/20
Address 656 Wagner Ave	City/Zip Code Greenville/45331		
License holder Captain D's LLC	Inspection Time	Travel Time	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	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		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	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Management, food employees and conditional employee; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="checkbox"/> IN <input checked="" 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			

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Name of Facility <i>Captain D's</i>	Type of Inspection <i>Standard CCP</i>	Date <i>1/6/20</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 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 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 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		Physical Facilities	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Wiping cloths: properly used and stored		Existing Equipment and Facilities	
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Administrative	
Washing fruits and vegetables		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
901:3-4 OAC		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
3701-21 OAC		Administrative	
Proper Use of Utensils		Administrative	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
In-use utensils: properly stored		Administrative	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
Utensils, equipment and linens: properly stored, dried, handled		Administrative	
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
Single-use/single-service articles: properly stored, used		Administrative	
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Slash-resistant and cloth glove use		Administrative	

Temp-Rite Dishwasher Temperature Test Strip TAYLOR 8767

PASS WHEN BLUE BAR TURNS ORANGE **180°F** Date: _____

ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA (82°C) 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
19/35	3.2C	C	Observed personal package of choice petite sirloin in walk-in cooler sitting above RTE Foods used for business. Discussed personal items should not be stored with facility food supplies and meat shall be below all RTE Foods.	<input type="checkbox"/>	<input type="checkbox"/>
23/35	3.7G	C	Observed undated bag of shredded cheese in walk-in cooler. Discussed dating open product to satisfy 7day rule.	<input type="checkbox"/>	<input type="checkbox"/>
20/35	3.4D	C	Observed cooling pan of green beans cooked @ 8am. At 2pm temp = 49.2°F. P.T.C discarded Other green beans temped below 41°F. Discussed cooling in first 2 hours to 71°F or	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge <i>R. Alby</i>	Date: <i>1-6-20</i>
Sanitarian <i>Chris Condo</i>	Licensor: <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
20 35	3.7D	C	cont... below & by 4°F or below in next 4 hours, so food is out of danger zone for growth w/in 6 hours total.	<input type="checkbox"/>	<input type="checkbox"/>
15 35	3.2C	C	Observed uncovered breaded items in bottom of reach in front line cooler/freezer, PIC covered. Discussed need to cover items to prevent contamination.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
46	3.2G	NC	Observed pan of bagged sauces in walk in cooler on the floor and a cooling tray of green beans on the floor of same walk-in cooler. Observed bags of breaded fish on floor of walk-in freezer. Discussed preventing contamination by storing items 6" off floor	<input type="checkbox"/>	<input type="checkbox"/>
56	4.5AB	NC	Observed sticky build-up on sides of pop dispensers, build-up on sides of equipment in kitchen and wash room area. Discussed non-food contact surfaces shall be cleaned as often as necessary to maintain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	6.4A	NC	Observed cracked tiles & grooves in grout throughout facility w/ food debris. Discussed maintaining floors, ceilings & walls as smooth & easily cleanable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	6.4B	NC	Observed ice & food debris on floor of walk-in freezer. Discussed need to keep facility clean & free of debris.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CRITICAL CONTROL POINTS					
15 35	3.2C	C	VII Protection from Contamination Observed personal package of meat stored above facility RTE foods. Discussed need to store meat & personal items below facility RTE foods.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: A. Routh	Date: 1-6-20
Sanitarian: Chris Court	Licensor: DCHD

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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 Points cont...	<input type="checkbox"/>	<input type="checkbox"/>
23/	3.46	C	VII Time/Temp Controlled Safety Foods	<input type="checkbox"/>	<input type="checkbox"/>
35			Observed undated shredded cheese in walk-in cooler. Open packages shall be dated to satisfy 7day discard rule.	<input type="checkbox"/>	<input type="checkbox"/>
20/	34D	C	VII Time/Temp Controlled Safety Foods	<input type="checkbox"/>	<input type="checkbox"/>
35			Observed out of cooling temp pan of green beans in walk-in cooler! PIC discarded. Discussed proper cooling methods	<input type="checkbox"/>	<input type="checkbox"/>
15/	3.2C	C	VIII Protection from Contamination	<input type="checkbox"/>	<input type="checkbox"/>
35			Observed uncovered items in reach in near fryers. Discussed prevention of contamination by covering items	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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Person in Charge: <i>Anthony</i>	Date: <i>1-6-20</i>
Sanitarian: <i>Chris Curtis</i>	Licensors: <i>DCHA</i>