

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Johns IGA Foodliner</b>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <b>2069</b>	Date <b>01/23/2020</b>
Address <b>1327 E. Main St.</b>	City/State/Zip Code <b>Versailles / 45380</b>		
License holder <b>John Foodliner</b>	Inspection Time <b>230</b>	Travel Time <b>25</b>	Category/Descriptive <b>C45</b>
Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input checked="" 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 type="checkbox"/> IN <input checked="" 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 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 employees; 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	<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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input checked="" 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 checked="" type="checkbox"/> OUT <input 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	<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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 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 type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 <input type="checkbox"/> N/A Proper cold holding temperatures		

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Name of Facility <b>Johns IGA Foodliner</b>	Type of Inspection <b>Standard PR</b>	Date <b>01/23/2020</b>
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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: <b>IN</b> =in compliance <b>OUT</b> =not in compliance <b>N/O</b> =not observed <b>N/A</b> =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 <input type="checkbox"/> N/A	55 <input 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 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 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	60 <input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input type="checkbox"/> IN <input checked="" 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
	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 <input type="checkbox"/> N/A	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Existing Equipment and Facilities
	Wiping cloths: properly used and stored	65 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
		3701-21 OAC
Proper Use of Utensils		
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
60	5.4H	NC	Observed no lids on trash cans in women's employee restrooms. Discussed need to have covered trashcans for sanitary napkins in women's restrooms.	<input type="checkbox"/>	<input type="checkbox"/>
54	4.4Q3	NC	Observed non-working ambient thermometer in cold hold case above boxed pretzels. Discussed ambient air measuring devices shall be maintained in good repair and accurate.	<input type="checkbox"/>	<input type="checkbox"/>
43	4.1Y	NC	Observed Kraft Philadelphia cooler w/ham inside with no available ambient thermometer. Discussed cold & hot hold equipment shall be equipped w/temperature measuring device.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <b>Stanley Johns</b>	Date: <b>1-23-2020</b>
Sanitarian <b>Chris Gurd</b>	Licensor: <b>DCHD</b>

PRIORITY LEVEL: C = CRITICAL    NC = NON-CRITICAL

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
62	6.4N	NC	Observed old & unused equipment in back hall. Discussed premises shall be free of equipment that is no longer used or broken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45	6.1M	NC	Observed light coming through outside door in back produce area. Discussed outer openings shall be protected against entry of pests.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4B	NC	Observed severe build up of ice in the walk-in grocery freezer. Discussed facilities shall be cleaned as often as necessary to maintain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	2.2B2	C	Observed meat packing associate rinse hands in 3 compartment sink w/sprayer and no use of soap or scrubbing after touching meat cooler door, just before packaging raw ground beef. Discussed need to use hand cleaner & rub thoroughly & vigorously for at least 10-15 sec to prevent contamination. Also, this is to be performed @ the handwashing sinks after touching surfaces not designed for food products.	<input type="checkbox"/>	<input type="checkbox"/>
16	4.5B	C	Discussed cleaning procedure for food contact surfaces w/meat packing employee. Employee stated surfaces cleaned at end of shift around 3:30p. Employee indicated meat prep started around 9 or 9:30a. Ambient temp of room was 58.7°F & cooling unit for room had been shut off. Discussed cleaning surfaces every 4 hours if temp is above 55°F. In range of 50°F-55°F cleaning can occur every 10 hours.	<input type="checkbox"/>	<input type="checkbox"/>
60	6.4H	NC	Observed corrosion on several sinks & handwashing stations throughout facility. Discussed...	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Shirley Johns</i>	Date: <b>1-23-2020</b>
Sanitarian: <i>Chris Conroy</i>	Licensor: <b>DCHD</b>

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<b>Observations and Corrective Actions (continued)</b>					
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
60	6.4H		cont... plumbing fixtures shall be cleaned as often as necessary to maintain.	<input type="checkbox"/>	<input type="checkbox"/>
57	4.1KK	NC	Observed many non-commercial crock pots on shelf. Previous reports state unused & will be eliminated from premises. Please remove non-commercial equipment. Discussed equipment shall be approved for use in food establishment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44	3.5C	C	Observed no list of ingredients for donuts in donut case next to deli. Discussed need for list of ingredients in descending order by weight, available for customers by request when not self serve.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	3.1G	C	Observed no date on mozzarella/provolone shredded cheese, cheddar shredded cheese, bag of spinach, and small ham chunks in deli cooler. PTC discarded or dated as necessary. Discussed need for dates on open packages to adhere to 7 day discard rules.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
46/36	3.2Q	NC	Observed boxes of buttercream & cookies on floor of walk-in deli freezer and box of single use trays of floor in bakery. PTC moved. Discussed need to store items 6" off floor to prevent contaminating.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4B	NC	Observed severe discoloration of ceiling above oven and proofer in deli/bakery. Discussed cleaning facility as often as necessary to maintain.	<input type="checkbox"/>	<input type="checkbox"/>
(next page)					

Person in Charge: 	Date: <b>1-23-2020</b>
Sanitarian: 	Licensor: <b>PCHD</b>

