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

								·		
Name of facility Ch							License Number	Date		
[6	Quality	Inn	Ĵ⊈ F\$	so	□ RFE		237	12/30/19		
Ad	dress		City/Zip Code							
	1190 F K	Russ Rd	6	 - <i>tr</i>	PRINCE	110	0/45331			
	anno bolder		Greenville /45331 Inspection Time Travel Time Category/Descriptive							
A O . ()				3 (_	Irav	/ei i ime	Category/Descriptive		
_	Address 1190 E. Russ Rd. License holder AP Hotel Group			2 (C45		
ΙУ	Type of Inspection (check all that apply)				. ,		Follow up date (if required)	•		
	☐ Standard ☐ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variance I☐ Foodborne ☐ 30 Day ☐ Complaint ☐ Pre-licensing ☐ Consultation				v , ▼ Follow up	1		(if required)		
	1 Octobrile Li 30 Day	Complaint Diffe-licensing Diconsultation								
		FOODBORNE ILLNESS RISK FACTO	RS AI	ND	PUBLIC HE	EAL	TH INTERVENTIONS			
М	ark designated complia	ance status (IN, OUT, N/O, N/A) for each numbered it	******	********						
		Compliance Status					Compliance Stat			
		Supervision			Time	/Tem	perature Controlled for Saf			
1	DIN DOUT D N/A	Person in charge present, demonstrates knowledge, ar	nd	-	ПІМ ПОПТ					
'	DIN DOUT N/A	performs duties		23)	Proper date marking and o	disposition		
2	□IN □OUT □ N/A	Certified Food Protection Manager		24	□ IN □ OU		Time as a public health con	trol: procedures & records		
		Employee Health			□N/A □ N/C)	·	•		
3	□IN □OUT □ N/A	Management, food employees and conditional employees knowledge, responsibilities and reporting	;		Г <u></u>		Consumer Adviso	ry		
4	□IN □OUT □ N/A	Proper use of restriction and exclusion		25 IN OUT			Consumer advisory provide	ed for raw or undercooked foods		
4 5	DIN DOUT D N/A	Procedures for responding to vomiting and diarrheal ever					Highly Susceptible Pop	ulations		
0		Good Hygienic Practices			□ IN □ OU	Т				
6	□ IN □ OUT □ N/O	Proper eating, tasting, drinking, or tobacco use		26			Pasteurized foods used; p	rohibited foods not offered		
7 IN OUT NO No discharge from eyes, nose, and mouth			· ************************************				Chemical			
Preventing Contamination by Hands				27	□IN □ OU	Т	Food additives: approved and properly used			
8	□IN □ OUT □ N/O	Hands clean and properly washed		27	□N/A		Food additives, approved a	and property used		
	□ IN □ OUT □N/A □ N/O			20	□IN □ OU	T	Toxic substances properly identified, stored, used			
9		No bare hand contact with ready-to-eat foods or approval alternate method properly followed		28	□N/A		Toxic substances properly is	dentinea, storea, asea		
	,	anomate method property followed				Conformance with Approved Pr		Procedures		
10	□IN □OUT □ N/A	Adequate handwashing facilities supplied & accessible		29	□IN □ OU	Т	Compliance with Reduced	Oxygen Packaging, other		
		Approved Source		23	□N/A		specialized processes, and	d HACCP plan		
11		Food obtained from approved source		30			Special Requirements: Fres	sh Juice Production		
12	□ IN □ OUT □N/A □ N/O	Food received at proper temperature	ļ	-						
13		Food in good condition, safe, and unadulterated		31			Special Requirements: Hea	t Treatment Dispensing Freezers		
14		Required records available: shellstock tags, parasite		0-	□ IN □ OU	T	Oncolal Description ()	ton December		
14	□N/A □ N/O	destruction		32	□N/A □ N/C		Special Requirements: Cus	tom Processing		
		Protection from Contamination		33	□ IN □ OU		Special Reguirements; Bulk	: Water Machine Criteria		
15		Food separated and protected		Ľ	□N/A □ N/C)	,			
	□N/A □ N/O □ IN □ OUT			34	□IN □OU		Special Requirements: Acid	lified White Rice Preparation		
16		Food-contact surfaces: cleaned and sanitized		04	□N/A □ N/C)	Criteria			
17	□IN □ OUT	Proper disposition of returned, previously served,		35	□IN □OU	T	Critical Cantral Daint Income	41		
17		reconditioned, and unsafe food	01400 E 1000 PBD	35	□N/A		Critical Control Point Inspec	cuon		
10	Time/Tempe	rature Controlled for Safety Food (TCS food)	7	36	□IN □ OUT	Т	Process Review			
18	□ IN □ OUT □N/A □ N/O	Proper cooking time and temperatures		<u> </u>	□N/A					
				37	□ IN □ OU	T	Variance			
19	□ IN □ OUT □N/A □ N/O	Proper reheating procedures for hot holding		Ш	□N/A					
20	□ IN □ OUT □N/A □ N/O	Proper cooling time and temperatures		R	i sk factors a	re fo	od preparation practices	and employee behaviors		
		1		1	and the second second		s the most significant cor	ntributing factors to		
21	□ IN □ OUT □N/A □ N/O	Proper hot holding temperatures		fo	odborne illnes	SS.				
			\dashv				ventions are control me	asures to prevent foodborne		
22	□ IN □ OUT □N/A	Proper cold holding temperatures		1111	ness or injury.					

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Nar	-	Facility /	7			Type of Inspection Follow-UP	Date /a	. /.	<u></u>
(الإ	Jalitu	1 +	- <i>hh</i>		tollow-up	1 1 2/30	2//	<u> 7</u>
				GOOD RETAIL PR	RACTICES				
		Good Retail	Praction	ces are preventative measures to control the introduc	The state of the s	, chemicals, and physical obje	cts into foods.		
М	ark d	esignated compl	iance s	tatus (IN, OUT, N/O, N/A) for each numbered item: IN=ir	n compliance OUT :	not in compliance N/O=not obs	erved N/A=not	applica	able
			8	afe Food and Water		Utensils, Equipment and Ven		Jo nuo	nort.
38		N 🗖 OUT 🗖 N/A	□ N/O	Pasteurized eggs used where required	54 IN OUT	designed, constructed, and		oie, pro	periy
39		N 🗆 OUT	Foo	Water and ice from approved source	55 IN OUT [□N/A Warewashing facilities: inst	talled, maintained	used;	test
					56 □ IN □ OUT	Nonfood-contact surfaces	clean		
40		N 🗆 OUT 🗖 N/A I		for temperature control		Physical Facilities			
41	יי ם	N □ OUT □N/A I	□ N/O	Plant food properly cooked for hot holding	57 IN OUT	JN/A Hot and cold water availab	ole; adequate pre	ssure	
42	יום	N 🗆 OUT 🗆 N/A I	□ N/O	Approved thawing methods used	58 IN OUT [□N/A Plumbing installed; proper	backflow device	s	
43	יים	N 🗆 OUT 🗆 N/A		Thermometers provided and accurate	59	□N/A Sewage and waste water pr	operly disposed		
				Food Identification	60 IN OUT	□N/A Toilet facilities: properly con-	structed, supplied,	cleane	d .
44		TUO 🗖 N		Food properly labeled; original container	61 IN OUT [□N/A Garbage/refuse properly disp	oosed; facilities ma	aintaine	d
			Prevent		62 IN OUT	Physical facilities installed, r	maintained, and cle	ean	
45		TUO 🔲 N		Insects, rodents, and animals not present/outer openings protected	63 IN OUT	Adequate ventilation and ligi	hting; designated	areas u	sed
46		N □ OUT		Contamination prevented during food preparation, storage & display	64	□N/A Existing Equipment and Facili	ities		
47 48	 	N □ OUT □N/A [T N/O	Personal cleanliness Wiping cloths: properly used and stored		Administrative			
49	 			Washing fruits and vegetables		Administrative			
			P	roper Use of Utensils	65 IN OUT	_			
50	-	I ANA 🗖 TUO 🗖 N	□ N/O	In-use utensils: properly stored Utensils, equipment and linens: properly stored, dried,	66 IN IN OUT E	□N/A 3701-21 OAC			
51		N OUT N/A		handled					
52	12,00	N D OUT DN/A	7.110	Single-use/single-service articles: properly stored, used					
53	<u> </u>	A'N 🗆 TUO 🗀 N	1 14/0	Slash-resistant and cloth glove use Observations and Cor	roctive Actic				
				Mark "X" in appropriate box for COS and R. COS=correcte					
Iter	n No.	Code Section	Priori	ty Level Comment	(1)	<u> </u>		cos	R
				-)torage order t	to take	Servsake bu M	15%		
				Temp of Stand	/ .		SOF GU	叉	
				Wrap method.	up +119 1	holding Delow 9	or by		
				- 110 out of date	11PWS	in refrigerate	Ur 5	<u> </u>	
					-/\\\	,	· · · · · · · · · · · · · · · · · · ·		
							· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
Par	son i	n Charge 📝	<u> </u>			Date:			
. 61	JVII II	A	1	NY		Date.			
Sar	nitaria	in Ani	s /	gust	Licensor	DCHD			
PR	IORI	ΓY LEVEL: C =	CRITIC	AL NC = NON-CRITICAL		Page	2 of 2		

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								T				
Name of facility				heck one			License Number		Date			
	\mathcal{C}	walit	u Inn	⊠√£S	SO	□ RFE		237		17/17/19		
Ac	dress			City/Zip Code								
	110	10 F A	Zusc D1	(+V	Greenville/45331							
<u> </u>	11	10 1-, 1	(U) Na.									
" /	License holder				Inspection Time			vel Time	Ca	tegory/Descriptive		
1	AP Hotel Group							1)		C75		
Type of Inspection (check all that apply)								Follow up date (if required	d)	Water sample date/result		
☑ Standard □ Critical Control Point (FSO) □ Process Review (RFE) □ Varian				nce Rev	viev	v □ Follow up)	Dec.30th	1 .	(if required)		
ᆜ	Foodbo	rne 🗆 30 Day	□ Complaint □ Pre-licensing □ Consultation					<u>NCC1JU</u>				
			FOODBORNE ILLNESS RISK FACTOR	ZS AN	JD.	PHRI IC HI	ΕΔΙ	THINTERVENTION	0			
Ν/	lark des	ignated complia	ance status (IN, OUT, N/O, N/A) for each numbered it						******	served N/A=not applicable		
	Tark doc	ngriated compile		SIII. IJ4	<u> </u>	compliance o	01-1					
1.074			Compliance Status		Sec.			Compliance Sta				
	i -		Supervision					perature Controlled for Sa	ifety	Food (TCS food)		
1		□OUT □ N/A	Person in charge present, demonstrates knowledge, ar performs duties	nd	23	□N/A □ N/C		Proper date marking and	disp	osition		
2	□IN Ì	₫ OUT □ N/A	Certifled Food Protection Manager Employee Health		24	UN □ OU		Time as a public health cor	ntrol	: procedures & records		
	[[]	□OUT □ N/A	Management, food employees and conditional employee;					Consumer Advise	огу			
3	-		knowledge, responsibilities and reporting Proper use of restriction and exclusion		25	□IN □OU DXN/A	OUT			ded for raw or undercooked foods		
5	1.7		Procedures for responding to vomiting and diarrheal even	nts				Highly Susceptible Po	nulations			
			Good Hygienic Practices			□IN □ OU	Т		-			
6	₫₽⁴IN	OUT N/O	Proper eating, tasting, drinking, or tobacco use		26	ĎIN/A		Pasteurized foods used; p	hibited toods not offered			
7	-€IN	OUT N/O	No discharge from eyes, nose, and mouth					Chemical				
	1	Pi	eventing Contamination by Hands		27	□IN □ OU	Т	Egod additives: approved	Lond	and properly used		
8	1 DIN	☐ OUT ☐ N/O	Hands clean and properly washed		27	²⁷		Food additives: approved	properly used			
9		□ OUT □ N/O	No bare hand contact with ready-to-eat foods or approvalternate method properly followed	red	28	□IN ĴØĴOU □N/A	Т	Toxic substances properly	iden	tified, stored, used		
			anomate metrou propony renewed				Co	onformance with Approve	d P	rocedures		
10	,ta(in	□OUT □ N/A	Adequate handwashing facilities supplied & accessible		29	□IN □ OU	Т	Compliance with Reduced	xO t	gen Packaging, other		
	1 7		* Approved Source		23	M∕A		specialized processes, an	nd H	ACCP plan		
11		OUT	Food obtained from approved source		30	□ IN □ OU □ N/A □ N/O		Special Requirements: Fre	eşh J	uice Production		
12		□ OUT DI-N/O	Food received at proper temperature									
13		□ OUT	Food in good condition, safe, and unadulterated		31	□ IN □ OU)	Special Requirements: Hea	at Tr	eatment Dispensing Freezers		
14		OUT N/O	Required records available: shellstock tags, parasite destruction		32			Special Requirements: Cus	stom	Processing		
	-2.2		Protection from Contamination		33	□ IN □ OU	Т	Special Requirements: Bul	IF 1V1	ater Machine Criterie		
15		☐ OUT	Food separated and protected		33	N/U □ N/Q)	Special Requirements, But	IN VV	ater Machine Chiena		
10	1 -	□ N/O				□IN □OU	т	Special Requirements: Aci	idifie	d White Rice Preparation		
16		□ OUT □ N/O	Food-contact surfaces: cleaned and sanitized		34	☑N/A □ N/C)	Criteria				
17	V □⊴N	□ OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		35	□IN ∭C OU	T	Critical Control Point Inspe	etior	ו		
		Time/Tempe	rature Controlled for Safety Food (TCS food)		36	□IN □OU	Т	Process Review				
18	□ IN □N/A	√⊠_N/O □ OUT	Proper cooking time and temperatures		30	DIN/A						
19	□IN	☐ OUT ☐ N/O	Proper reheating procedures for hot holding		37	ĎN/V □ IN □ O∩	'	Variance				
20		OUT N/O	Proper cooling time and temperatures					od preparation practices				
21	☑ IN □N/A	□ OUT □ N/O	Proper hot holding temperatures		fo	odborne illne	SS.	s the most significant co				
22	□ IN	Ø,OUT □N/A	Proper cold holding temperatures			ness or injury		venuona are control me	<u>c</u> a51	ures to prevent foodborne		

State of Ohio

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Name	e of Facility						Туре	of Inspection	Date	10	
	Quali	ty_	<u></u>	1 kg			5+0	and ard CCP	10/17/	119	
1											
				GOOD RETAIL I							
NA-				preventative measures to control the introd							
iviai	rk designated com			I, OUT, N/O, N/A) for each numbered item: IN d and Water	=in c	ompliance OUI=				applic	able
38	П ІЛ П ОИТ ПИЛ		T	rized eggs used where required	54	TUO)M II	Ju	ensils, Equipment and Vend Food and nonfood-contact s	surfaces cleana	ble, pr	operly
	☑ IN □ OUT			and ice from approved source	F	1 11 12(00)		designed, constructed, and u			•••
33 16	ди поот	Fo	Series and the series	erature Control	5 5	DIN DOUT C	∃N/A	Warewashing facilities: insta strips	lled, maintained	, used;	; test
40		A 🔲 N/O		cooling methods used; adequate equipment perature control	56	√Ĺ IN □ OUT		Nonfood-contact surfaces of Physical Facilities	ean		
41	☐ IN ☐ OUT ☐N/A	A)X(N/O	Plant fo	ood properly cooked for hot holding	57	ÞŽIN □ OUT □]N/A	Hot and cold water available	e; adequate pre	essure	
42	Ę IN □ OUT □N/A	A 🔲 N/O	Approve	ed thawing methods used	58	-Ę IN □ OUT □	JN/A	Plumbing installed; proper I	cackflow device	es	
43 (IN □ OUT □N/A	4	Thermo	meters provided and accurate	59	D TUO UN E]N/A	Sewage and waste water pro	perly disposed		
			Food Id	lentification	60	1Q IN □ OUT □	IN/A	Toilet facilities: properly const	ructed, supplied	, clean	ed
44	M IN □ OUT	:	Food p	roperly labeled; original container	61	ÆÍN □ OUT □]N/A	Garbage/refuse properly dispo	sed; facilities m	aintaine	ed
		Preven	tion of F	ood Contamination	62	-DIN DOUT		Physical facilities installed, ma	aintained, and cl	ean	
45	⊠-IN □ OUT			rodents, and animals not present/outer	63	דטס 🗆 או 🗗		Adequate ventilation and light	ing; designated	areas ι	used
1	☑ IN □ OUT		Contam	ination prevented during food preparation, & display	64	JE IN □ OUT □]N/A	Existing Equipment and Faciliti	es		
- 1		V II N/O		al cleanliness							
	☑ IN □ OUT □N/A □ IN □ OUT □N/A		· · · · · ·	cloths: properly used and stored g fruits and vegetables		T T	T	Administrative			
40	LIN COT LINE			se of Utensiis	65	□ и □ оит ја	ĮΝ/A	901:3-4 OAC			
50 V		N/O □ N	In-use (utensils: properly stored	66	TUO 🗆 NI 🗹	IN/A	3701-21 OAC			
51	AND TUO 🗆 NI 📮	A	Utensils handled	s, equipment and linens: properly stored, dried,		1.7	TEMP	THERMOLABEL® -			
<u> </u>	☑ IN □ OUT □N/A		Single-u	use/single-service articles: properly stored, used		bla ter	ack as mperatu	ns 160°F ⊑			
53	□ IN □ OUT MINA	√ □ N/O	Slash-re	esistant and cloth glove use		ls i	reached				
			4.4	Observations and Co				April 200			
Item	No. Code Section	n Priori	ty Level	X" in appropriate box for COS and R:: COS =corre Comment	cted	on-site during inspi	ection	R=repeat violation		cos	R
スろ	1 3,411			In the Small Fric	λ ~	For Cus	< 10	iners. Ohse	rued		
35	Ś			several yogurts		4 Danne		Light XFI+			
				the discard o			vek	erryx3@12	Ja.		
				Blueberry X8 @ 1	2/	6, Kasp			1		
				Kaspberryx10				berryx2@	13/16		
				Also 2 Brichers	u i	@12/16;	· 1/2	Stand-up	Fria		
				in Dack, Discus		d neso	J J	- Oliscard	Codde		
				1		facture	X - 1	diccond	ate,		
				beyond man	<u> </u>	FUCIULE	V \	alxara A	ares		
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22		-			, ,	Horme		maintenenc	/		
				Discussed new	? <i>O</i>	4	eep	OTCS/RIE	Coads		
		_		at 410 F of b	e 1	ow.			·		
							/ 	ext page	<u> </u>		
		$\perp A$						1 1			
Perso	on in Charge	\bigcirc	M	WIM				Date:	1779	Ì	
Sanit	arian Our	, (0)	, L			Licensor:	D	CHD			
PRIO	ORITY LEVEL: C	= CRITIC	CAL N	IC = NON-CRITICAL				Page •	2 of 4		

HEA 5302B Ohio Department of Health (6/18) AGR 1268 Ohio Department of Agriculture (6/18)

State of Ohio

Continuation Report Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility	Inn	Type of Inspection Standard ((P)	/17/19
)		

Observations and Corrective Actions (continued)		-170
Mark "X" in appropriate box for COS and R: COS=corrected on site during inspection R-repeat violation		
	cos	R
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CONTRACT STOLE CONTRACT	_	
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- Next proctored exam @ OSU exterion!		
office is Jan 212, 2020 from 1p-3p	_	
MOGATITIC TO STOP DEC. SO	1	
Please contact Dr. Rbseanne Scammahorn		
()) / Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Scammahorn, 5@osu, edu for guestions!		
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JULY ALC MOODEL MORREST HOUSE OF CITO DISCUSSED		
food safety.		
23/3.4H C VI Time / temp (anticolled Safety Food)	2	
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/ I / I / I / I / I / I / I / I / I / I		
Food Products, Discussed need to store change		
Person in Charge: Date: 12.17.19		
Sanitarian: Chur Grust Licensor: DCF/D		

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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Name of Facility Qualite	IInn	Type of Inspection Standard CP 12/17	110	ì
Item No. Code Section		Observations and Corrective Actions (continued). In appropriate box for COS and R. COS=corrected on-site during inspection R=repeat violation.		ı
1tem No. Code Section	C -	VITIONE/TEMP CONTrolled Safety Foods	cos	R
35		Observed stand up vetrigerator w/ambient		
		Observed stand up vetrigerator w/ambient temp of 48.9°F. Discussed cold hold shall be 41°F or below for RTE/TCS Foods.		
		010000 60000000000000000000000000000000		
		Please have someone w/		
		ODH Management certificate		_
		before new license period.		
		-contact Christina, Gustin @ Dalke		
		county health, org		
		or 937-548-4196-ex1,206.		
		77.78 (211200)		
2		New employee starting to take	-	
THE SECOND SECON				
		over for employee retiring		
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Person in Charge:	1	Date:		
i erson in onarge.	Jon	un Date.	1	
Sanitarian:	TO (01	Licensor: D(F/)		

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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