

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Turtle Creek LLC</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1070</i>	Date <i>2/05/2020</i>
Address <i>6545 ST RT 36E</i>	City/State/Zip Code <i>Greenville / OH / 45331</i>		
License holder <i>Turtle Creek Golf Course</i>	Inspection Time <i>145</i>	Travel Time <i>75</i>	Category/Descriptive <i>CUS</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

Supervision

- | | | |
|---|--|---|
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Certified Food Protection Manager |

Employee Health

- | | | |
|---|--|---|
| 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 |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper use of restriction and exclusion |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Procedures for responding to vomiting and diarrheal events |

Good Hygienic Practices

- | | | |
|---|--|--|
| 6 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking, or tobacco use |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose, and mouth |

Preventing Contamination by Hands

- | | | |
|---|---|---|
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Hands clean and properly washed |
| 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 |

- | | | |
|----|--|---|
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Adequate handwashing facilities supplied & accessible |
|----|--|---|

Approved Source

- | | | |
|----|---|---|
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from approved source |
| 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 |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food in good condition, safe, and unadulterated |
| 14 | <input 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 |

Protection from Contamination

- | | | |
|----|---|---|
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated and protected |
| 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 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 type="checkbox"/> N/O | Proper cooling time and temperatures |
| 21 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper hot holding temperatures |
| 22 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper cold holding temperatures |

Compliance Status

Time/Temperature Controlled for Safety Food (TCS food)

- | | | |
|----|---|---|
| 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 |
| 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 |

Consumer Advisory

- | | | |
|----|---|---|
| 25 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked foods |
|----|---|---|

Highly Susceptible Populations

- | | | |
|----|--|--|
| 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered |
|----|--|--|

Chemical

- | | | |
|----|--|--|
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used |
| 28 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Toxic substances properly identified, stored, used |

Conformance with Approved Procedures

- | | | |
|----|---|---|
| 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 |
| 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 |
| 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 |
| 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Custom Processing |
| 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 |
| 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 |
| 35 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Critical Control Point Inspection |
| 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Process Review |
| 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Variance |

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.

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Turtle Creek LLC</i>	Type of Inspection <i>Standard</i>	Date <i>2/05/2020</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	Pasteurized eggs used where required	54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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	Water and ice from approved source	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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	Proper cooling methods used; adequate equipment for temperature control	56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Nonfood-contact surfaces clean
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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	Approved thawing methods used	58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 901:3-4 OAC
Prevention of Food Contamination		Proper Use of Utensils	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 3701-21 OAC
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	
50	<input 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 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
20	3-4D	C	Observed rice in undercounter cold hold unit on prep line tempered at 120°F. Food employee stated rice began cooling process more than 2 hrs. ago. Discussed cooling procedures, time/temp requirements - of cooked RTE TCS products. Voluntarily discarded @ the time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	3.46	C	Observed no date on lettuce (prepped) in prep unit on grill line and mashed potatoes in walk-in cooler. PIC stated lettuce opened Saturday 2/1/20 and mashed potatoes made 2/2/20. Dated at the time of inspection. Discussed dating RTE TCS foods day of prep + 6 days OUT for a total of 7. LOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <i>02-05-20</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>[Signature]</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Turtle Creek LLC</i>	Type of Inspection <i>Standard</i>	Date <i>2/5/2020</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
<i>22</i>	<i>3.4 F</i>	<i>C</i>	<i>Observed products in True Refrigerator for salads holding product between 49-50 OF. Discussed RTE TCS foods shall be maintained 41 OF or below. All products TCS were pulled and discarded @ the time of inspection.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>23</i>	<i>3.4 H</i>	<i>C</i>	<i>Observed tomatoes in prep station dated 1-28 and Sweet Chili in walk-in cooler dated 1-29. Discussed all RTE TCS foods shall be dated for 7 days & discarded, sold or consumed by 7th day. Items pulled (at facility) @ the time of inspection. (Also observed house made ranch dated 1-25 also discarded)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>20</i>	<i>7.1 E</i>	<i>L</i>	<i>QAT sani. solution in red sani-bucket tested at > 400 ppm. Discussed sani-tabs should be used per manufacturers use label and directed concentration for adequate sanitation. Food Employee re-made sani-solution @ time of inspection.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>21</i>	<i>3.4 F</i>	<i>C</i>	<i>Hot steam table hold white / brown gravy and nacho cheese + queso between 110-125 OF. All steamed items in steam table for ~ 1 hr. Allowed items to bring up to temp & rechecked holding > 135 OF about 30 min after initial check. Hot hold shall maintain 135 or above. COS.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>CRITICAL CONTROL POINT</u>					
<i>35</i> <i>35/20</i>	<i>3.4 D</i>	<i>C</i>	<i>Improper cooling time / temps. Discussed 135 → 70 in 2 hrs. → 70 → 41 or below in add'l 4 hrs. not exceeding 6 total hrs. Item in prep table discarded.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>[Signature]</i>	Date: <i>02-05-20</i>
Sanitarian: <i>[Signature]</i>	Licensor: <i>DCHD 34</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
<i>35/23</i>	<i>3.46</i>	<i>C</i>	<i>no date on lettuce or mashed potatoes Discussed 7 days on TCS products Dated on site w/ pass/discard date</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/23</i>	<i>3.411</i>	<i>C</i>	<i>Items past date Discussed disposition by 7th day. Corrected</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/22</i>	<i>3.4E</i>	<i>C</i>	<i>Items in salad unit holding ~50°F TCS food items shall be maintained 41°F or below. TCS products pulled</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/21</i>	<i>3.4E</i>	<i>C</i>	<i>Hot holding in steam table b/w 110-125. 135 or above. Corrected w/in 4hrs. (1-5 hrs)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/28</i>	<i>7.19</i>	<i>C</i>	<i>QAT tested > 400ppm. Manufacturer stated 200-400 ppm. Corrected!</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>NOTES: SIGNIFICANT CLEANLINESS IMPROVEMENTS - NICE!</i>					
<i>nonfood contact & physical facilities much better - potato den needs cleaned</i>					
<i>Condensing fans - beer & walk-in</i>					
<i>Remember to prime HOBART as often as necessary!</i>					
<i>Please Have TRVE looked at!</i>					
<i>Discussed cooling procedures w/ PIC and food employees!</i>					
<i>Please start marking DISCARD dates - will help when cycling through products</i>					
<i>Thanks!</i>					

Person in Charge: <i>[Signature]</i>	Date: <i>02-05-20</i>
Sanitarian: <i>[Signature]</i>	Licensors: <i>[Signature]</i>

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