State of Ohio

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

Name of facility Ch						_	License Number	Date			
1	NV	115He	Stop Bar + GRII	ì₫ŢS	O	□ RFE	203	6/18/2020			
A	ddress	<u> </u>		City/Sta	City/State/Zip Code						
	1	00	P. Main St.	Au	\wedge	PINDS	CH 15	305			
Li	cense l	nolder		Inspect	tio	~ 4. ~ , , , , , , , , , , , , , , , , , , 	, OTT OTT				
Airclew Riffe							ravel Time	Category/Descriptive			
_	/ \	A (6)			1	<u> </u>	10	(4)			
Tγ √en	/pe of I	nspection (che	c k all that apply) Control Point (FSO) □ Process Review (RFE) □ Varia				Follow up date (if required	,			
Ē	Foodbo	orne 🗆 30 Day	□ Complaint □ Pre-licensing □ Consultation	ince Revi	iew	V ∐ Follow up		(if required)			
	2 Sombutation										
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS										
N	/lark de	signated compli	ance status (IN, OUT, N/O, N/A) for each numbered it	em: IN =i	n c	compliance OUT	=not in compliance N/O=no	ot observed N/A=not applicable			
			Compliance Status		Compliance Status						
			Supervision		Time/Temperature Controlled for Safety Food (TCS food)						
1	THÁT I N		Person in charge present, demonstrates knowledge, ar	nd		TUO II NIE					
'			performs duties	2	23	□N/A □ N/O	Proper date marking and	disposition			
2	ĎIN	OUT N/A	Certified Food Protection Manager		24	ĎN □ OUT	Time on a public health oor	ntrol: numanaluman 0			
			Employee Health		-4	□N/A □ N/O	Time as a public fleatin col	ntrol: procedures & records			
3	ZIN	□OUT □ N/A	Management, food employees and conditional employees knowledge, responsibilities and reporting	s; <u> </u> _		<	Consumer Adviso	ory			
4	PUN	□OUT □ N/A	Proper use of restriction and exclusion	<u> </u>	5	□ IN □ OUT □N/A	Consumer advisory provid	ded for raw or undercooked foods			
5		□OUT □ N/A	Procedures for responding to vomiting and diarrheal even	ıts .			Highly Susceptible Por				
		55 24 24 11 Factor 12	Good Hygienic Practices		******	r⊡n □ out	, de				
6		☐ OUT ☐ N/O	Proper eating, tasting, drinking, or tobacco use	2	6	□N/A	Pasteurized foods used; p	prohibited foods not offered			
7	Z IN	□ OUT □ N/O	No discharge from eyes, nose, and mouth				Chemical				
	K		reventing Contamination by Hands		, ,	□ IN □ OUT	Food additives approved				
8	151N	OUT N/O	Hands clean and properly washed		1	⊠N/A	Food additives: approved	and properly used			
		OUT	No bare hand contact with ready-to-eat foods or approve alternate method properly followed	ed 28		ÜN □ OUT	T				
9					Toxic substances properly identified, stored, used		identified, stored, used				
						(Conformance with Approved	d Procedures			
10	Ní□	OUT N/A	Adequate handwashing facilities supplied & accessible	2	g	□ IN □ OUT	Compliance with Reduced	Oxygen Packaging, other			
14	ΈΙΝ	□ OUT	Approved Source		_ _	ĎN/A	specialized processes, and	d HACCP plan			
11		□ OUT	Food obtained from approved source	— з	0	□ IN □ OUT □N/A □ N/O	Special Requirements: Fres	sh Juice Production			
12		ীর্ <u>অ</u> N/O	Food received at proper temperature	-	+	□IN □ OUT					
13	F⊡-JN	□ OUT	Food in good condition, safe, and unadulterated	3		N/A N/O	Special Requirements: Hea	at Treatment Dispensing Freezers			
14		OUT	Required records available: shellstock tags, parasite	2	วเ	□ IN □ OUT	Special Populromento: O	otom Drococcine			
	L LIN/A	□ N/O	destruction		4	MN/A D N/O	Special Requirements: Cus	ton Processing			
	Nei w	CL OUT	Protection from Contamination	_ 3	3	□IN □ OUT ÎN/A □ N/O	Special Requirements: Bulk	k Water Machine Criteria			
15		□ OUT □ N/O	Food separated and protected		+	⊔N/A ∐ N/O	, , , , , , , , , , , , , , , , , , , ,	ontone			
4.0	-	□ OUT		34		□ IN □ OUT		dified White Rice Preparation			
16		□ N/O	Food-contact surfaces: cleaned and sanitized]	`⊠N/A □ N/O	Criteria				
17	Y⊟ IN	□ OUT	Proper disposition of returned, previously served,	3:	า	T∃-IN □ OUT	Critical Control Point Inspec	otion			
348			reconditioned, and unsafe food			□N/A	Childai Control Point Inspec	otion			
	ar€ IVI		rature Controlled for Safety Food (TCS food)	36		□ IN □ OUT	Process Review				
18	∏N/A	□ OUT □ N/O	Proper cooking time and temperatures	1 -	+	□N/A					
+	1400	□ OUT		— 37	7 7	☑ÍN □ OUT ☑N/A	Variance				
19		□ N/O	Proper reheating procedures for hot holding	-	Ţ	<u>πί</u> _* ν					
	enc.	OUT		-							
20		□ N/O	Proper cooling time and temperatures	F	Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to						
	Nr 🖺	□ OUT		ti							
21		□ N/O	Proper hot holding temperatures		foodborne illness.						
	<u> </u>			—	ul	blic health inte	rventions are control me	easures to prevent foodborne			
22	' 🖸 IN	OUT IN/A	Proper cold holding temperatures	"	illness or injury.						

HEA 5302A Ohio Department of Health (10/19)
* AGR 1268 Ohio Department of Agriculture (10/19)

State of Ohio

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

Type of Inspection

Date

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N 4 -	ام داست				preventative measures to control the introd					-1-1-		
IVI	ark o	esignated compl	(45, 45, 40\$, 344 05.54	CLEMENT MEDICAL	, OUT, N/O, N/A) for each numbered item: IN	=in cc		tensils, Equipment and Vending	applica	abie		
00	1241	N □ OUT □N/A	euzau respeny	1	B. SERSON NEL TROUBLE SAME SACRED. STOCKET TO CHESTER LEGISLA MEDITE DE LEGISLA DE LA CONTRESIONAL LES SERVET DE	23 AM	□IN À OUT	Food and nonfood-contact surfaces cleanal	ole, pro	perly		
38			LI N/O		ized eggs used where required	54		designed, constructed, and used				
39	ru Magari	N □OUT □N/A	Garage	Water and ice from approved source d Temperature Control			Ď√IN □ OUT □N/A	Warewashing facilities: installed, maintained, used; test strips				
HE.	77 (A)		FOC	CHAIT COLUMN	to the residence of the property of the first party of a And Tarle of Secretarial and the Control of the Control	56	Ď.IN □ OUT	Nonfood-contact surfaces clean				
40	40 ଔJN □ OUT □N/A □ N/O				cooling methods used; adequate equipment erature control			Physical Facilities				
41	□ N □ OUT □N/A □ N/O Plan			Plant fo	od properly cooked for hot holding	57	A/N TUO TUO	Hot and cold water available; adequate pressure				
42	<u> </u>	N 🔲 OUT 🔲 N/A [□ N/O	Approved thawing methods used			TUOD NI	Plumbing installed; proper backflow device	S			
43	図ĺ	N 🗆 OUT 🗆 N/A		Thermometers provided and accurate			□N/A □ N/O					
			1.00	Food Identification			Î'IN 🗆 OUT 🗆 N/A					
44	ďψ	N 🗆 OUT		Food properly labeled; original container			□ IN □ OUT □N/A	Tollet facilities: properly constructed, supplied, cleaned				
			Prevent	ion of F	ood Contamination	61	□ IN 🗷 OUT □N/A	A Garbage/refuse properly disposed; facilities maintained				
45	Пі	N ⊠ (OUT		Insects, rodents, and animals not present/outer 62 11N			DIN DOUT	Physical facilities installed, maintained, and de	ean; do	gs in		
46				Contam	s protected ination prevented during food preparation,	□ N/A □ N/O outdoor dining areas						
47				storage & display Personal cleanliness 63 🗓 IN 🗆 OUT Adequate ventilation and lighting; design				Adequate ventilation and lighting; designated	d areas used			
48				Wiping cloths: properly used and stored 64 ☑ N □ OUT □ N/A Existing Equipment and Facilities								
49	161	N 🗖 OUT 🗆 N/A 🛭	□ N/O	Washing	/ashing fruits and vegetables Administrative							
144			P	roper Us	e of Utensils	(200-12an			<u>u. no. 44, 50.</u>	J.76% "Y-1" .]		
50	O 1 IN OUT ON/A N/O In-use utensils: properly			itensils: properly stored	65	□ IN □ OUT EQN/A	901:3-4 OAC					
51		N □ OUT □N/A		Utensils handled	, equipment and linens: properly stored, dried,	66	Ď IN □ OUT □N/A	3701-21 OAC				
52					se/single-service articles: properly stored, used							
53	Пι	N 🎞 OUT 🗆 N/A 🛭	□ N/O	Slash-re	esistant, cloth, and latex glove use							
					Observations and Co							
Iten	ı No.	Code Section	Priori	Mark ") ty Level	(" in appropriate box for COS and R: COS=corre Comment	cted c	n-site during inspection	n R=repeat violation	cos	R		
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Person in Charge Date: U/18/20												
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DDI	O D !	TV LEVEL: C ~	CDITIC	`A1 N	IC - NON CRITICAL		<u>'</u>	Page 2 of 3				

HEA 5302B Ohio Department of Health (10/19) AGR 1268 Ohio Department of Agriculture (10/19)

Name of Facility

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

Name of	Facility	4105	Type of Inspection Date Type of Inspection Date Stranger (IP 6/18)	12	02
	11-11-15	115 0	1 JUNEAU CITY	1	
	***************************************		Observations and Corrective Actions (continued)		
Item No.	Code Section		In appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation	cos	R
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Person in	n Charge:	5 12 11	Date: 1/10/25		
		John Jay			
Sanitaria	n: (J	Sich	Licensor: De la Companya de la Compa		

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

Page 3 of 3

HEA 5351 Ohio Department of Health (6/18) AGR 1268 Cont. Ohio Department of Agriculture (6/18)