

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

| | | | |
|--|---|-------------------------------|--|
| Name of facility KROGER #833 | Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number 2136 | Date 9/19/2022 |
| Address 200 Leese Ave | City/State/Zip Code Greenville, OH 45304 45331 | | |
| License holder Kroger Limited Partnerships | Inspection Time 2:00 | Travel Time 5 | Category/Descriptive C32 |
| 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 | |
|---|--|--|--|
| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 employees; 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Food in good condition, safe, and unadulterated | | Critical Control Point Inspection | |
| 14 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 36 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | | |
| Proper disposition of returned, previously served, reconditioned, and unsafe food | | | |
| Proper cold holding temperatures | | | |
| 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 checked="" type="checkbox"/> IN <input 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 | |

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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|--|--|--------------------------|
| Name of Facility <i>KROGER #833</i> | Type of Inspection <i>Sanitary/PR</i> | Date <i>9/15/2020</i> |
|--|--|--------------------------|

| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <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 | | 56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| 40 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Nonfood-contact surfaces clean |
| Proper cooling methods used; adequate equipment for temperature control | | Physical Facilities |
| 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 checked="" 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 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 | | 60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Food Identification | | 61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 62 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food properly labeled; original container | | 63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| Prevention of Food Contamination | | 64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 65 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Insects, rodents, and animals not present/outer openings protected | | 901:3-4 OAC |
| 46 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | 66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Contamination prevented during food preparation, storage & display | | 3701-21 OAC |
| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| Washing fruits and vegetables | | |
| 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 checked="" 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 |
| 13 | 3.12 | NC | Observed several dented cans throughout front section. 1/2 removed from shelves. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 | 510 | C | Uncovered handwashing sink in deli area with blue paper towels. Please only use handwashing sink for handwashing. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 46 | 320 | C | Observed rice crackers in first bag on aisle for sale on ground. Keep at least 6" above ground. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 40 | 320 | C | Observed bread racks in back storage hallway on ground. Discussed and using bottom rail. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | |
|---------------------------------------|---------------------------------|
| Person in Charge <i>Josh Dehan</i> | Date: <i>9-15-2020</i> |
| Sanitarian <i>David Hill</i> | Licensors: <i>David Hill</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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|------------------------------------|-----------------------------------|-------------------|
| Name of Facility LADDOXER #R233 | Type of Inspection Standard/RR | Date 9/15/2020 |
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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 |
|----------|----------------|----------------|--|-------------------------------------|--------------------------|
| 16 | 370 | C | (cont) sampling of above ground | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | 344 | C | observed various items to be past the discard date - milkings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | - organic milk 7/15 on 9/14 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | - Iceberg vanilla creamer 8/26/2020 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 | 40903 34 58 | C | observed baby food past discard date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | - baby samples 40903 9/14/2020 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | - baby samples 34 58 9/14/2020 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | 36A | C | observed boxes of food items in cleaning section with RIDS on holes. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Thank you!

- excellent report etc

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|-------------------|-----------------|
| Person in Charge: | Date: 9-15-2020 |
| Sanitarian: | Licensors: DCHD |