

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Las Marias Mexican Grill		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 186	Date 6/2/2020
Address 1160 E Russ Rd		City/State/Zip Code Greenville OH 45331		
License holder Javier M Munoz		Inspection Time 45min	Travel Time 15min	Category/Descriptive C45
Type of Inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" 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 Person in charge present, demonstrates knowledge, and performs duties	23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
2	<input 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 type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records
Employee Health		Consumer Advisory	
3	<input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	Highly Susceptible Populations	
5	<input 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 type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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
Preventing Contamination by Hands		Conformance with Approved Procedures	
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9	<input 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 type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production
10	<input 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 type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
Approved Source		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria
12	<input 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 type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Process Review
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food		
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input 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 type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures		
22	<input 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

Name of Facility <i>Las Marias Mexican Grill</i>	Type of Inspection <i>Follow Up</i>	Date <i>6/2/2020</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 type="checkbox"/> N/A <input type="checkbox"/> N/O	54	
Pasteurized eggs used where required		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	
Water and ice from approved source		55	
		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	
Proper cooling methods used; adequate equipment for temperature control		<input type="checkbox"/> IN <input type="checkbox"/> OUT	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Hot and cold water available; adequate pressure	
Plant food properly cooked for hot holding		57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices	
Approved thawing methods used		58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Thermometers provided and accurate		59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		Sewage and waste water properly disposed	
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	60	<input type="checkbox"/> IN <input 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 type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained	
Insects, rodents, and animals not present/outer openings protected		62	<input type="checkbox"/> IN <input type="checkbox"/> OUT
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Contamination prevented during food preparation, storage & display		63	<input type="checkbox"/> IN <input type="checkbox"/> OUT
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate ventilation and lighting; designated areas used	
Personal cleanliness		64	<input 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 type="checkbox"/> N/O	Existing Equipment and Facilities	
Wiping cloths: properly used and stored		Administrative	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		901:3-4 OAC	
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
In-use utensils: properly stored		3701-21 OAC	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Utensils, equipment and linens: properly stored, dried, handled			
52	<input 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
			<i>All critical violations that weren't corrected onsite at the last inspection on 3/4/2020 were corrected except the menu. Roberto will call us when those have been changed.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Thank you!</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Roberto</i>	Date: <i>6-2-2020</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>DCHD</i>

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

Name of facility Las Marias Mexican Grill	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 186	Date 03/04/2020
Address 1160 E Russ Rd	City/State/Zip Code Greenville/45331		
License holder Javier M. Munoz	Inspection Time 11:00	Travel Time 15	Category/Descriptive C45
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		Compliance Status	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input type="checkbox"/> IN <input checked="" 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 Proper date marking and disposition
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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
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 checked="" 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	Highly Susceptible Populations	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
Preventing Contamination by Hands		Conformance with Approved Procedures	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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	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	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
Approved Source		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	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	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	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
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		
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Las Maria's Mexican Grill</i>	Type of Inspection <i>Standard CCP</i>	Date <i>03/04/2020</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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Thermometers provided and accurate		Sewage and waste water properly disposed	
Food Identification		60	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Food properly labeled; original container		61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Garbage/refuse properly disposed; facilities maintained	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
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
28/35	3.5E	C	Observed no astrisk in menu to indicate what foods can be ordered undercooked or raw. PIC understands need to indicate.	<input type="checkbox"/>	<input type="checkbox"/>
28/35	6.2E	NC	Observed missing handwashing sign from replaced towel dispenser above left side handwashing sink. PIC stated he would replate sign.	<input type="checkbox"/>	<input type="checkbox"/>
28/35	7B	C	Observed bucket on floor with solution and rags submerged. PIC indicated bucket was for sanitizer and that label would be added.	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Robert C</i>	Date: <i>03/06/2020</i>
Sanitarian <i>Chris Cervetti</i>	Licensor: <i>DCH/D</i>

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility Las Maria's Mexican Grill	Type of Inspection Standard CCP	Date 03/04/2020
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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
58	5.1J	C	Observed 3 compartment sink, that PIC indicated was used for prep, without air gap. PIC stated plumber called for floor drains could give estimated for prep table drain.	<input type="checkbox"/>	<input type="checkbox"/>
28/35	3.4F1b	C	Observed cut tomatoes in box on can opening prep table. PIC moved box to cold storage during inspection to hold the tomatoes at or below 41°F.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16/35	4.5A1	C	Observed food debris on can opener blade space. PIC took can opener to ward washing station at inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28/35	7.1A	C	Observed case of margarita mix next to bleach on bottom shelf of dry storage. PIC moved away from chemicals at time of inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28/35	7.1B	C	Observed can of Raid for roach and ants. PIC removed from shelf and indicated service that comes in for pest control. All pest control to be removed from premises so it cannot be used by employee at establishment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28/35	7.1A	C	Observed can of primer, can of pvc pipe cement and tools stored on wall cubby above boxes of pop. PIC removed to maintenance area at inspection to prevent contamination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	4.1C	C	Observe teflon pots and pans with deep scratches and pots with extreme dents. PIC to replace pots and pans for food safety.	<input type="checkbox"/>	<input type="checkbox"/>
28/35	7B	C	Observed spray bottle of yellowish chemical in unlabelled bottle. PIC added label (new)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge: Richard To	Date:
Sanitarian: Chris Conest	Licensor: DCHD

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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

Name of Facility Las Maria's Mexican Grill	Type of Inspection Standard CCP	Date 03/04/2020
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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
			as sanitizer.	<input type="checkbox"/>	<input type="checkbox"/>
23/35	3.4G	C	Observed chicken, onions, refried beans and other items in walk in cooler, preped on 3/3/2020 with incorrect discard date of 10th. PIC to re-educate staff on proper date marking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40/20/35	3.4D	C	Observed cooling carne molida from night before holding at 72°F. PIC discarded and cooling method was discussed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/35	2.4C8	C	While discussing cooling procedure with PIC, it was discovered that he was unaware of proper procedure and temps. Method was discussed to re-educate PIC understanding.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15/35	3.2C	C	Observed bin and boxes of raw chicken stored above beef and pork (also raw). PIC moved chicken to be off and away from beef and pork.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16/35	4.5A	C	Observed utensils on shelves and hanging with remaining food debris. PIC pulled utensils for additional washing and sanitizing cycle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	4.1C	C	Observed several lids with cracks and warping for covering food in storage. PIC discarded and will order new.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/35	2.4C9	C	Observed at temperature pot of refried beans sitting on rack without heat for hot holding. PIC was not aware of procedure to inform us and had to ask cook. Cook placed pot on oven to keep at hot holding temp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge: Roberto	Date:
Sanitarian: Colin Gust	Licensors: DCHD

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Las Marias Mexican Grill</i>	Type of Inspection <i>Standard CCP</i>	Date <i>3/4/2020</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>59</i>	<i>5.3C</i>	<i>C</i>	<i>Observed hose from ice stand draining directly into floor hole drain w/out air gap. PIC discussed attaching hose to bottom of station above drain hole to maintain gap.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>59</i>	<i>5.3E</i>	<i>C</i>	<i>Observed floor drain under beverage station not draining and holding water. PIC stated plumber called yesterday to check. PIC called again to have plumber come out to fix drain issue.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>16/35</i>	<i>4.5B</i>	<i>C</i>	<i>Observed sugar build up on edges of smoothie machine. PIC indicated smoothie machine completely cleaned once a week. PIC will increase frequency to once per day to satisfy cleaning frequency in code.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Replace seal to wall @ handwashing sink and prep sink and prep station warewash</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Remove rust from racks in cold holding areas - walk in & refrigerators</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Install self closing employee bathroom door</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Remove glass from bottom of refrigerator holding glasses.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Clean hose above ice machine</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Repair tile next to prep sink and near employee bathroom</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Repair hole outside women's restroom</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Repair wear on grout throughout facility</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-No wood on shelving that is not sealed</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Clean can shelving</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Clean grease from front/side of fryer</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Make sure employees store rags in sanitizer or dispose - not leave on surfaces</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-No personal food or items in restraint food areas.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>-Thaw tilapia by removing package & cold hold</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Roberto</i>	Date:
Sanitarian: <i>Chris Cost</i>	Licensor: <i>DCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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

Name of Facility Las Maria's Mexican Grill	Type of Inspection Standard CCP	Date 3/4/2020
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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
			-Repair castor protection to fire sprinklers in employee bathroom & dry storage	<input type="checkbox"/>	<input type="checkbox"/>
			-Chips and rice must be stored in food grade containers	<input type="checkbox"/>	<input type="checkbox"/>
			-Obtain commercial bleach EPA registered	<input type="checkbox"/>	<input type="checkbox"/>
			-Fix leak in 3 compartment sink	<input type="checkbox"/>	<input type="checkbox"/>
			-Clean vent located between restrooms	<input type="checkbox"/>	<input type="checkbox"/>
			-Covers for trash cans in women's restroom stalls	<input type="checkbox"/>	<input type="checkbox"/>
			-Repair tile missing from patio wall	<input type="checkbox"/>	<input type="checkbox"/>
			-Clean grease from grease/dumpster area and on grease receptical	<input type="checkbox"/>	<input type="checkbox"/>
			CRITICAL CONTROL POINTS	<input type="checkbox"/>	<input type="checkbox"/>
			VIII. Consumer Advisory	<input type="checkbox"/>	<input type="checkbox"/>
25	3.5E	C	-No astrisk to indicate foods	<input type="checkbox"/>	<input type="checkbox"/>
			X. Chemical	<input type="checkbox"/>	<input type="checkbox"/>
28	6.2E	NC	-missing handwashing sign	<input type="checkbox"/>	<input type="checkbox"/>
28	7B	C	-bucket of sanitizer unlabelled	<input type="checkbox"/>	<input type="checkbox"/>
28	7.1A	C	-Margarita mix next to bleach	<input type="checkbox"/>	<input type="checkbox"/>
28	7.1B	C	-Raid for roach ant on premisis	<input type="checkbox"/>	<input type="checkbox"/>
28	7.1A	C	-Primer, cement & tools above food	<input type="checkbox"/>	<input type="checkbox"/>
28	7B	C	-Unlabelled spray bottle	<input type="checkbox"/>	<input type="checkbox"/>
			VII Protection from Contamination	<input type="checkbox"/>	<input type="checkbox"/>
16	4.5A1	C	-Food debris on can opener	<input type="checkbox"/>	<input type="checkbox"/>
15	3.2C	C	-Raw chicken above beef & pork in walk-in	<input type="checkbox"/>	<input type="checkbox"/>
16	4.5A	C	-Dirty utisils on shelf changing	<input type="checkbox"/>	<input type="checkbox"/>
16	4.5B	C	-Frequency of cleaning smoothie machine	<input type="checkbox"/>	<input type="checkbox"/>
			VI Time/Temp controlled Safety Food	<input type="checkbox"/>	<input type="checkbox"/>
22	3.4F1b	C	-Cut tomatoes not in cold hold.	<input type="checkbox"/>	<input type="checkbox"/>
23	3.4G	C	-incorrect dating in walk in cooler	<input type="checkbox"/>	<input type="checkbox"/>
20/40	3.4D	C	-incorrect cooling method + temp carnemolida	<input type="checkbox"/>	<input type="checkbox"/>
			I. Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
1	2.4C8	C	-cooling procedure understanding/monitoring	<input type="checkbox"/>	<input type="checkbox"/>
1	2.4C9	C	-hot holding procedure/monitoring	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: Roberto	Date:
Sanitarian: Chris Cevet	Licensor: DCHD

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