State of Ohio

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

| Na | me of facility | | Check one | | | | License Number | Date | | | |
|--|--|--|--------------------------------------|---|---------------------|---------|---|---------------------------------|--|--|--|
| | <i>fourmains</i> | Variety peorge St | □ FSO Ø(ŔFE | | | | 68 | 4/2/2/ | | | |
| Ad | dress | | City/State/Zip Code | | | | | | | | |
| | 4-8 W G | peorge St | | arcanum, OH 45304 | | | | | | | |
| License holder | | | | | n Time | Trav | vel Time (| Category/Descriptive | | | |
| tournest, inc DBA fournains warety | | | | | \supset | | 35 | C 25 | | | |
| Ту | pe of Inspection (chec | k all that apply) | _ | | | | Follow up date (if required) | | | | |
| | Standard □ Critical (Foodborne □ 30 Day | Control Point (FSO) □ Process Review (RFE) □ Varia □ Complaint □ Pre-licensing □ Consultation | nce Rev | viev | v 🖾 Follow u | р | | (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 | No. Te | Compliance Status | | | | | | | |
| Big | Strain Halling July 1 | Supervision Person in charge present, demonstrates knowledge, ar | | \$27 | | | perature Controlled for Safety Food (TCS food) | | | | |
| 1 | □IN □OUT □N/A | performs duties | ia | 23 | DN/V DN/ | | Proper date marking and disposition | | | | |
| 2 | □IN □OUT ☑·Ņ/A | Certified Food Protection Manager | was that | 24 | ☑N □ OI | | Time as a public health control: procedures & records | | | | |
| 797 | the state of the s | Employee Health | | ²⁴ □N/A □ N/O | | | | | | | |
| 3 | □IN □OUT Ď-N/A | Management, food employees and conditional employee knowledge, responsibilities and reporting | | | □IN □OL | JT | Consumer Advisory | | | | |
| 4 | □IN □OUT Þ\N/A | Proper use of restriction and exclusion | | 25 | ⊠N/A | | Consumer advisory provided for raw or undercooked foods | | | | |
| 5 | □IN □OUT □\NA | Procedures for responding to vomiting and diarrheal ever | its | | | | Highly Susceptible Popu | ulations | | | |
| 6 | ZIN OUT ON/O | Proper eating, tasting, drinking, or tobacco use | 6.650 | 26 | □N/A □N/A | JT | Pasteurized foods used; prohibited foods not offered | | | | |
| 7 | Zkin □ out □ n/o | No discharge from eyes, nose, and mouth | | dr. US | Chemical | | | | | | |
| | Pi | eventing Contamination by Hands | | | D'IN 🗆 OL | JT | | | | | |
| 8 | O/N 🗆 TUO 🗆 NÆ | Hands clean and properly washed | | 27 | □N/A | | Food additives: approved a | and properly used | | | |
| 9 | □IN □ OUT □N/A □ N/O | No bare hand contact with ready-to-eat foods or approvalternate method properly followed | ed 2 | 28 | □N/A □UVA | JT | Toxic substances properly identified, stored, used | | | | |
| | | | Conformance with Approved Procedures | | | | | | | | |
| 10 | DIN □OUT □ N/A | Adequate handwashing facilities supplied & accessible Approved Source | 3125 | 29 | □IN □ OL | JT | Compliance with Reduced 0 specialized processes, and | Oxygen Packaging, other | | | |
| 11 | ☑ IN □ OUT | Food obtained from approved source | 2353 | | DIN DO | JT | r | | | | |
| 12 | □ÌN □ OUT | Food received at proper temperature | | 30 | ÓN/A □ N/ | | Special Requirements: Fres | h Juice Production | | | |
| 13 | □N/A □±N/O □UT | Food in good condition, safe, and unadulterated | | 31 | □IN □OL □N/A □N/ | TL O | Special Requirements: Heat | t Treatment Dispensing Freezers | | | |
| 14 | □ IN □ OUT | Required records available: shellstock tags, parasite | | 32 | | | 0 115 1 1 0 1 | | | | |
| i de la constante de la consta | ☑Ñ/A □ N/O | A □ N/O destruction | | | | | Special Requirements: Custom Processing | | | | |
| | ☑NN □ OUT | A CONTRACTOR OF THE PROPERTY O | | 33 | □IN □ OL | | Special Requirements: Bulk | Water Machine Criteria | | | |
| 15 | □N/A □ N/O | Food separated and protected | | | | | Charles Deguinements Asid | IE - I VAII-14 - DI - D | | | |
| 16 | DNA □ OUT | Food-contact surfaces: cleaned and sanitized | | 34 | QN/A □ N/ | 'O | Special Requirements: Acidi Criteria | fled vvnite Rice Preparation | | | |
| 17 | DIN 🗆 OUT | Proper disposition of returned, previously served, reconditioned, and unsafe food | | 35 | □IN □OU | JT | Critical Control Point Inspect | rol Point Inspection | | | |
| 170 | | rature Controlled for Safety Food (TCS food) | 100 | 36 | | JT | Process Review | 100 | | | |
| 18 | □ IN □ OUT □N/A □ N/O | Proper cooking time and temperatures | | | ☑N/A □ IN □ OU | JT | | | | | |
| 19 | □ IN □ OUT □N/A □ N/O | Proper reheating procedures for hot holding | | 37 | ⊠N/A | | Variance | | | | |
| 20 | □ IN □ OUT □N/A □ N/O | Proper cooling time and temperatures | | Risk factors are food preparation practices and employee behaviors | | | | | | | |
| 21 | □IN □ OUT □N/O | Proper hot holding temperatures | | that are identified as the most significant contributing factors to foodborne illness. | | | | | | | |
| 22 | □IN □ OUT □N/A | Proper cold holding temperatures | | Public health interventions are control measures to prevent foodborne illness or injury. | | | | | | | |

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| Nan | ne of I | Facility | coo | A 36 | House of a | | | Type of I | nspection CCCd | Date | | |
|--|--|--|------------------|----------------------------|---|---|-----------------------|--------------------|--|--|----------|-------|
| | | - 7001 | 7 4 7 16 | 9115 | when | | | Stor | CC.rd | 4/2/ | | _ |
| Name of Facility Fourmans Variety GOOD RETAIL PRACTICES Type of Inspection Standard 4/2/2/ | | | | | | | | | | | | |
| 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 | | | | | | | | | | able | | |
| 1.4 | | | | | d and Water | 500000000 | | Utensi | ls, Equipment and | l Vending | | |
| 38 | C. | I 🗆 OUT 🗆 N/A | | | ized eggs used where required | 54 | N □ OUT | Foo des | od and nonfood-co signed, constructed | ntact surfaces cleanal , and used | ble, pro | perly |
| 39 | | I DOUT DN/A | PLEASE PROPERTY. | State Attended by foreign | and ice from approved source erature Control | 55 | IN OUT C |]N/A Wa | | s: installed, maintained | , used; | test |
| 40 | JEĘ JIV | I □ OUT □N/A I | | Proper | cooling methods used; adequate equipment | 56 | □NN □ OUT | | nfood-contact surfa | aces clean | | |
| | ļ | | | | perature control | \$2,000 \$2,000 \$1 | | | Physical Faciliti | es in the second second | | |
| 41 | l~- | OUT ON/A | | | od properly cooked for hot holding | 57 | | N/A Ho | t and cold water av | vailable; adequate pre | essure | |
| 42 | | <u></u> | | | ed thawing methods used | 58 | ☑ IN □OUT □N/A□N/O | Plu | mbing installed; pr | roper backflow device | s | |
| 43 | ייי שא | | | | meters provided and accurate | 59 | | 1N//A 0 | | | _ | |
| 44 | K | | | 1 | entification | 60 | | | | ter properly disposed | | |
| 44 | | penergy 27 to to describe | Tangan at | - Description STREET, Con- | operly labeled; original container | | U IN U OUT U | | | constructed, supplied, | | |
| 45 | Ki IV | I □ OUT | Flevell | TOTAL CARROLL OF LAND | cod Contamination rodents, and animals not present/outer | 62 | | | | y disposed; facilities ma led, maintained, and cl | | |
| | | | | opening | s protected ination prevented during food preparation, | 02. | | out | door dining areas | ied, maintained, and G | ean; do | gs in |
| 46 | Ļ. | OUT N/A | | storage | & display | 63 | □ IN □ OUT | Ade | equate ventilation ar | nd lighting; designated | areas II | |
| 48 | | OUT ONA [| □ N/O | | al cleanliness cloths: properly used and stored | 64 | | | sting Equipment and | | | |
| 49 | -D IN | OUT []N/A [| □ N/O | Washing | g fruits and vegetables | | | III//Y EXIC | | The Brown State of the State of | | |
| Proper Use of Utensils | | | | | | | | l | Administrative | | | |
| 50 | ⊿Ü IN | ☐ IN ☐ OUT ☐N/A ☐ N/O In-use utensils: properly stored | | | | | □ IN □ OUTÆ | [N/A 901 | :3-4 OAC | | | |
| 51 | | | | Utensils handled | , equipment and linens: properly stored, dried, | 66 | C IN COUT | IN/A 370 | 01-21 OAC | | | _ |
| 52 | 1. | OUT N/A | | | se/single-service articles: properly stored, used | | <u> </u> | | | | | |
| 53 | The state of the s | | | | | | | | | | | |
| | | | | Mark ") | Observations and C "in appropriate box for COS and R: COS=corn | | | | | | | |
| Iten | n No. | Code Section | Priori | ty Level | Comment Comment | ecieu | on-site auring insp | ection# K = | repeat violation | | cos | R |
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| Sanitarian Licenson | | | | | | | | | | | | |
| Sanitarian (Licensor: D(H) | | | | | | | | | | | | |
| | | 735 | | | | | | | | . 900 | | |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

Name of Facility