

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

Name of facility <b>Greenville Moose Lodge</b>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <b>1076</b>	Date <b>5/13/21</b>
Address <b>1200 Sweitzer St</b>	City/State/Zip Code <b>Greenville, OH 45331</b>		
License holder <b>Greenville Moose Lodge</b>	Inspection Time <b>100</b>	Travel Time <b>10</b>	Category/Descriptive <b>C45</b>
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) <b>5/21/21</b>	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	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety: Food (TCS food)</b>	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input checked="" type="checkbox"/> IN <input 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	
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	<b>Highly Susceptible Populations</b>	
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		<b>Chemical</b>	
<b>Good Hygienic Practices</b>		27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
6	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		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
<b>Approved Source</b>		33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Special Requirements: Bulk Water Machine Criteria	
Food obtained from approved source		34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Acidified White Rice Preparation Criteria	
Food received at proper temperature		35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Critical Control Point Inspection	
Food in good condition, safe, and unadulterated		36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Process Review	
Required records available: shellstock tags, parasite destruction		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
<b>Protection from Contamination</b>		Variance	
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<p><b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p>	
Food separated and protected			
16	<input type="checkbox"/> IN <input checked="" 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			
<b>Time/Temperature Controlled for Safety: Food (TCS food)</b>			
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 checked="" 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 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			

# Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Loveenville mouse lodge</i>	Type of Inspection <i>Standard</i> / <i>CCP</i>	Date <i>5/13/21</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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Thermometers provided and accurate		Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Toilet facilities: properly constructed, supplied, cleaned
	Food properly labeled; original container	61	<input checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 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
4	25A	C	observed employee eating in non designated area.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	32C	C	observed ice bins in bar area not covered. please cover them	<input type="checkbox"/>	<input type="checkbox"/>
54	40A	NC	observed towels used under glasses in bar area. surfaces must be smooth and easily cleanable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	51C	C	observed handwashing sink temping at 75°F. Needs to be at least 100°F	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52	445	NC	observed multiple single use containers being reused.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <i>5-13-2021</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>DCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

# Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility Greenville Moore Lodge	Type of Inspection Standard/CCP	Date 5/13/21
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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	
44	32D	NC	observed white powder substance in picnic container not properly labeled.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15	32L	C	observed bacon thawing in fridge above RTE foods.	<input type="checkbox"/>	<input type="checkbox"/>	
54	44C	NC	observed microwave reading cleaned.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16	45A1	C	observed toaster with food build up. Please clean.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
62	64B	NC	observed grease build up on Fryers sides. Please clean.	<input type="checkbox"/>	<input type="checkbox"/>	
63	41N	NC	observed hood vents with build up. Nothing cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	
62	64B	NC	observed floors throughout facility with severe build up. Please increase cleaning frequency.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
62	64A	NC	observed leak from condenser fan in walk in.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
62	64B	NC	observed dust build up in stack up freezer unit.	<input type="checkbox"/>	<input type="checkbox"/>	
46	32Q	NC	observed food on floor in walk in fridge and pop on dirty floor in storage room.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
55	41D	C	observed no sanitizer coming out into dishwasher told them to use 3 comp sink until it is fixed.	<input type="checkbox"/>	<input type="checkbox"/>	
58	51D	C	observed pipe for dishwasher sticking down into floor. Must be at least one inch above floor.	<input type="checkbox"/>	<input type="checkbox"/>	
(next page.)					<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>[Signature]</i>	Date: 5.13.2021
Sanitarian: <i>[Signature]</i>	Licenser: 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>Greenville Moose Lodge</i>	Type of Inspection <i>Standard/CCP</i>	Date <i>5/13/21</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>14</i>	<i>4.5B</i>	<i>C</i>	<i>observed mold in drain under bar sink.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>CRITICAL CONTROL POINT</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>II. GOODS HYGIENIC PRACTICES</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>10</i>	<i>23A</i>	<i>C</i>	<i>observed employee eating in non designated area.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>VII. PROTECTION FROM CONTAMINATION</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>15</i>	<i>3.2C</i>	<i>C</i>	<i>observed ice bins in bar area not covered please cover them</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>15</i>	<i>3.2C</i>	<i>C</i>	<i>observed bacon thawing in fridge above R-16 foods.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>16</i>	<i>4.5A1</i>	<i>C</i>	<i>observed toaster with food build up. please clean</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>14</i>	<i>4.5B</i>	<i>C</i>	<i>observed mold in drain under bar sink.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>10</i>	<i>5.1C</i>	<i>C</i>	<i>III. Preventing Contamination by Hands observed handwashing sink running out TSPF needs to be at least 100°F</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<i>NOTE: please change grease in fryers more frequently grease was dark black.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Thank you</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Mark [Signature]</i>	Date: <i>5.13.2021</i>
Sanitarian: <i>[Signature]</i>	Licensor: <i>DCHD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL