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

Name of facility	Check one	License Number	Date
Wooden Spoon	☒ FSO ☐ RFE	4	7/30/21
Address 9090 U.S Rt 127	**City/State/Zip Code** Versailles, Oh 45380		
License holder Theresa Buteau	**Inspection Time** 100	**Travel Time** 15	**Category/Descriptive** CSS
Type of Inspection (check all that apply) ☒ Standard ☐ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variance Review ☐ Follow up ☐ Foodborne ☐ 30 Day ☐ Complaint ☐ Pre-licensing ☐ Consultation	**Follow up date (if required)** 8/2/21	**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	
	Supervision	
1	☐IN ☐OUT ☐ N/A	Person in charge present, demonstrates knowledge, and performs duties
2	☐IN ☐OUT ☐ N/A	Certified Food Protection Manager
	Employee Health	
3	☒IN ☐OUT ☐ N/A	Management, food employees and conditional employees; knowledge, responsibilities and reporting
4	☒IN ☐OUT ☐ N/A	Proper use of restriction and exclusion
5	☒IN ☐OUT ☐ N/A	Procedures for responding to vomiting and diarrheal events
	Good Hygienic Practices	
6	☐ IN ☐ OUT ☒-N/O	Proper eating, tasting, drinking, or tobacco use
7	☐ IN ☐ OUT ☒-N/O	No discharge from eyes, nose, and mouth
	Preventing Contamination by Hands	
8	☒IN ☐ OUT ☐ N/O	Hands clean and properly washed
9	☒ IN ☐ OUT ☐N/A ☐ N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed
10	☒IN ☐OUT ☒ N/A	Adequate handwashing facilities supplied & accessible
	Approved Source	
11	☒ IN ☐ OUT	Food obtained from approved source
12	☒ IN ☐ OUT ☐N/A ☐ N/O	Food received at proper temperature
13	☒ IN ☐ OUT	Food in good condition, safe, and unadulterated
14	☒ IN ☐ OUT ☐N/A ☐ N/O	Required records available: shellstock tags, parasite destruction
	Protection from Contamination	
15	☐ IN ☒-OUT ☐N/A ☐ N/O	Food separated and protected
16	☒ IN ☐ OUT ☐N/A ☐ N/O	Food-contact surfaces: cleaned and sanitized
17	☒-IN ☐ OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food
	Time/Temperature Controlled for Safety Food (TCS food)	
18	☒ IN ☐ OUT ☐N/A ☐ N/O	Proper cooking time and temperatures
19	☐ IN ☐ OUT ☐N/A ☒-N/O	Proper reheating procedures for hot holding
20	☐ IN ☐ OUT ☐N/A ☒-N/O	Proper cooling time and temperatures
21	☐ IN ☐ OUT ☐N/A ☒-N/O	Proper hot holding temperatures
22	☒-IN ☐ OUT ☒N/A	Proper cold holding temperatures

	Compliance Status	
	Time/Temperature Controlled for Safety Food (TCS food)	
23	☒ IN ☐ OUT ☐N/A ☐ N/O	Proper date marking and disposition
24	☒-IN ☐ OUT ☐N/A ☐ N/O	Time as a public health control: procedures & records
	Consumer Advisory	
25	☐ IN ☐ OUT ☒N/A	Consumer advisory provided for raw or undercooked foods
	Highly Susceptible Populations	
26	☒-IN ☐ OUT ☐N/A	Pasteurized foods used; prohibited foods not offered
	Chemical	
27	☒-IN ☐ OUT ☐N/A	Food additives: approved and properly used
28	☒-IN ☐ OUT ☐N/A	Toxic substances properly identified, stored, used
	Conformance with Approved Procedures	
29	☐ IN ☐ OUT ☒N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
30	☐ IN ☐ OUT ☒N/A ☐ N/O	Special Requirements: Fresh Juice Production
31	☐ IN ☐ OUT ☒N/A ☐ N/O	Special Requirements: Heat Treatment Dispensing Freezers
32	☐ IN ☐ OUT ☒N/A ☐ N/O	Special Requirements: Custom Processing
33	☐ IN ☐ OUT ☒N/A ☐ N/O	Special Requirements: Bulk Water Machine Criteria
34	☐ IN ☐ OUT ☒N/A ☐ N/O	Special Requirements: Acidified White Rice Preparation Criteria
35	☐ IN ☒-OUT ☐N/A	Critical Control Point Inspection
36	☐ IN ☐ OUT ☒N/A	Process Review
37	☐ IN ☐ OUT ☒N/A	Variance

Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility	Type of Inspection	Date
Wooden Spoon	Standard	7/30/21

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		
38	☐ IN ☐ OUT ☐N/A ☐ N/O	Pasteurized eggs used where required
39	☐ IN ☐OUT ☐N/A	Water and ice from approved source
Food Temperature Control		
40	☐ IN ☐ OUT ☐N/A ☐ N/O	Proper cooling methods used; adequate equipment for temperature control
41	☐ IN ☐ OUT ☐N/A ☐ N/O	Plant food properly cooked for hot holding
42	☐ IN ☐ OUT ☐N/A ☐ N/O	Approved thawing methods used
43	☐ IN ☐ OUT ☐N/A	Thermometers provided and accurate
Food Identification		
44	☐ IN ☐ OUT	Food properly labeled; original container
Prevention of Food Contamination		
45	☐ IN ☐ OUT	Insects, rodents, and animals not present/outer openings protected
46	☐ IN ☐ OUT	Contamination prevented during food preparation, storage & display
47	☐ IN ☐ OUT ☐N/A	Personal cleanliness
48	☐ IN ☐ OUT ☐N/A ☐ N/O	Wiping cloths: properly used and stored
49	☐ IN ☐ OUT ☐N/A ☐ N/O	Washing fruits and vegetables
Proper Use of Utensils		
50	☐ IN ☐ OUT ☐N/A ☐ N/O	In-use utensils: properly stored
51	☐ IN ☐ OUT ☐N/A	Utensils, equipment and linens: properly stored, dried, handled
52	☐ IN ☐ OUT ☐N/A	Single-use/single-service articles: properly stored, used
53	☐ IN ☐ OUT ☐N/A ☐ N/O	Slash-resistant, cloth, and latex glove use
Utensils, Equipment and Vending		
54	☐ IN ☐ OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
55	☐ IN ☐ OUT ☐N/A	Warewashing facilities: installed, maintained, used; test strips
56	☐ IN ☐ OUT	Nonfood-contact surfaces clean
Physical Facilities		
57	☐ IN ☐ OUT ☐N/A	Hot and cold water available; adequate pressure
58	☐ IN ☐OUT ☐N/A ☐ N/O	Plumbing installed; proper backflow devices
59	☐ IN ☐ OUT ☐N/A	Sewage and waste water properly disposed
60	☐ IN ☐ OUT ☐N/A	Toilet facilities: properly constructed, supplied, cleaned
61	☐ IN ☐ OUT ☐N/A	Garbage/refuse properly disposed; facilities maintained
62	☐ IN ☐ OUT ☐N/A ☐ N/O	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
63	☐ IN ☐ OUT	Adequate ventilation and lighting; designated areas used
64	☐ IN ☐ OUT ☐N/A	Existing Equipment and Facilities
Administrative		
65	☐ IN ☐ OUT ☐N/A	901:3-4 OAC
66	☐ IN ☐ OUT ☐N/A	3701-21 OAC

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
10	5.10	C	Observed drinks in handwashing sink	☒	☐
			Discussed with PIC that handwashing	☐	☐
			sink is solely for handwashing. Drinks	☐	☐
			should be placed in designated area away	☐	☐
			from food prep areas.	☐	☐
				☐	☐
10	5.1c	NC	Observed hot water @ handwashing sink	☒	☐
			reaching a temperature of 74°F. PIC discussed	☐	☐
			that they were aware that it wasn't	☐	☐
			reaching the correct temperature + that	☐	☐
			owner of building was going to work on	☐	☐
			having it fixed today. Please ensure	☐	☐
			hot water is at least 100°F.	☐	☐
				☐	☐
				☐	☐

Person in Charge [signature]	**Date:**
Sanitarian [signature]	**Licensor:** [signature]

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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

State of Ohio

Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility	Type of Inspection	Date
Wooden Spoon	Standard	7/30/21

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
22	3.1F1B	C	Observed multiple items in prep table including cheese, pickles, tomatoes etc holding anywhere between 46°F-50°F. Discussed that all TCS foods need to be at 41°F or below to protect the food from growth of bacteria. Pic discarded all items in ~~[illegible]~~ prep unit will be doing follow up to make sure unit is working properly.	☐	☑
15	3.2C	C	Observed breaded tenderloins in the freezer with no covers. Discussed food shall be protected from cross contamination by storing the food in packages, covered containers, or wrappings	☒	☒
			Thank you!		
			Cont Bargas contacted to service prep unit. ~~[illegible]~~ Contact Health Dept when unit is fixed + DO NOT store TCS RTE foods in prep unit unit it holds @ 41°F.		
			937 680 8637 - Theresa		
			548-4196 ext 203 Allison		

Person in Charge:	Date:
Sheri Bub	
Sanitarian:	**Licensor:**
[illegible]	DCHD

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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

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

Name of facility	Check one	License Number	Date
Wooden Spoon	☒ FSO ☐ RFE	4	8/2/21
Address	**City/State/Zip Code**		
7090 US Rt 127	Versailles Oh 45380		
License holder	**Inspection Time**	**Travel Time**	**Category/Descriptive**
Theresa Buteau	20	25	C35

Type of Inspection (check all that apply)
☐ Standard ☐ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variance Review ☒ Follow up
☐ Foodborne ☐ 30 Day ☐ Complaint ☐ Pre-licensing ☐ Consultation

Follow up date (if required)

Water sample date/result (if required)

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State of Ohio

Food Inspection Report

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Name of Facility	Type of Inspection	Date
Wooden Spoon	Follow Up	8/2/21

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Administrative		
65	☐ IN ☐ OUT ☐N/A	901:3-4 OAC
66	☐ IN ☐ OUT ☐N/A	3701-21 OAC

Observations and Corrective Actions

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Item No.	Code Section	Priority Level	Comment	COS	R
			Performed follow up to make	X	☐
			sure that Prep table by doorway	☐	☐
			was temping correctly. Checked	☐	☐
			temperatures @ time of follow	☐	☐
			+ all TCS/RTE foods were 41°F	☐	☐
			Thank you for correcting previous	☐	☐
			criticals.	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Person in Charge: [illegible]	Date:
Sanitarian: Alison Glasser	Licensor: PCHD

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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