

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

|  |   |                               |  |
|--|---|-------------------------------|--|
| Name of facility<br><b>Ansonia local schools K-12</b>  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><b>1005</b> | Date<br><b>9/16/21</b>                 |
| Address<br><b>600 E Canal St</b>   | City/State/Zip Code<br><b>Ansonia, OH 45303</b>                                   |                               |  |
| License holder<br><b>Superintendent</b>  | Inspection Time<br><b>60</b>  | Travel Time<br><b>30</b>      | Category/Descriptive<br><b>NC45</b>    |
| Type of Inspection (check all that apply)<br><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<br><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  |  |
|---|--|--|--|
| <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<br><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<br><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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><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                                 | <b>Highly Susceptible Populations</b>  |  |
| Proper use of restriction and exclusion   |  | 26   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/A                              |
| 6   | <input checked="" type="checkbox"/> IN <input 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<br><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<br><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<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 10  | <input checked="" type="checkbox"/> IN <input 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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| <b>Approved Source</b>  |  | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 12  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" 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<br><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<br><input type="checkbox"/> N/A   |
| 14  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input checked="" type="checkbox"/> N/A                              |
| <b>Protection from Contamination</b>  |  | Variance   |  |
| 15  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper cooking time and temperatures  |  |  |  |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |  |
| Proper reheating procedures for hot holding   |  |  |  |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |  |
| Proper cooling time and temperatures  |  |  |  |
| 21  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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

|   |  |                        |
|---|--|------------------------|
| Name of Facility<br><i>Amsonia local schools K-12</i> | Type of Inspection<br><i>SAG/ICR/CCP</i> | Date<br><i>9/16/21</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  |   |   |
| 38   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Pasteurized eggs used where required  |
| 39   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Water and ice from approved source  |
| Food Temperature Control   |   |   |
| 40   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooling methods used; adequate equipment for temperature control               |
| 41   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plant food properly cooked for hot holding  |
| 42   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Approved thawing methods used   |
| 43   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Thermometers provided and accurate  |
| Food Identification  |   |   |
| 44   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food properly labeled; original container   |
| Prevention of Food Contamination   |   |   |
| 45   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Insects, rodents, and animals not present/outer openings protected                    |
| 46   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Contamination prevented during food preparation, storage & display                    |
| 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   |
| Utensils, Equipment and Vending  |   |   |
| 54   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 55   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Warewashing facilities: installed, maintained, used; test strips                      |
| 56   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Nonfood-contact surfaces clean  |
| Physical Facilities  |   |   |
| 57   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Hot and cold water available; adequate pressure                                       |
| 58   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plumbing installed; proper backflow devices   |
| 59   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Sewage and waste water properly disposed  |
| 60   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Toilet facilities: properly constructed, supplied, cleaned                            |
| 61   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Garbage/refuse properly disposed; facilities maintained                               |
| 62   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |
| 63   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Adequate ventilation and lighting; designated areas used                              |
| 64   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Existing Equipment and Facilities   |
| Administrative   |   |   |
| 65   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | 901:3-4 OAC   |
| 66   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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                        |
|   |              |                | <i>Satisfactory Inspection</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"/> |

|  |                               |
|--|-------------------------------|
| Person in Charge<br><i>Paula Hardy</i> | Date:<br><i>Sept 16, 2021</i> |
| Sanitarian<br><i>[Signature]</i>       | Licensor:<br><i>DCID</i>      |