

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

|   |   |                              |  |
|---|---|------------------------------|--|
| Name of facility<br><b>winners meat farm</b>  | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br><b>74</b>  | Date<br><b>11/3/21</b>                 |
| Address<br><b>3259 st rt 502</b>  | City/State/Zip Code<br><b>oreenville, OH 45331</b>                                |                              |  |
| License holder<br><b>Michael Winner</b>   | Inspection Time<br><b>40</b>  | Travel Time<br><b>10</b>     | Category/Descriptive<br><b>(3)</b>     |
| Type of Inspection (check all that apply)<br><input checked="" type="checkbox"/> Standard <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 9   | <input 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 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 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 type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 12  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<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 checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper reheating procedures for hot holding  |  |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooling time and temperatures   |  |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" 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>winners meat farm</i> | Type of Inspection<br><i>standard</i> | Date<br><i>11/3/21</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              |   | 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used   |
| 39                               | <input 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<br>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<br>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<br>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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>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 type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Sewage and waste water properly disposed  |
| Food Identification              |   | 60                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Toilet facilities: properly constructed, supplied, cleaned  |
| 44                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | 61                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Garbage/refuse properly disposed; facilities maintained  |
| Prevention of Food Contamination |   | 62                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Physical facilities installed, maintained, and clean; dogs in outdoor dining areas |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 63                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br>Adequate ventilation and lighting; designated areas used   |
| 46                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | 64                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Existing Equipment and Facilities   |
| 47                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | <b>Administrative</b>           |  |
| 48                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | 65                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>901:3-4 OAC  |
| 49                               | <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 checked="" type="checkbox"/> N/A<br>3701-21 OAC  |
| Proper Use of Utensils           |   |                                 |  |
| 50                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            |                                 |  |
| 51                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   |                                 |  |
| 52                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |                                 |  |
| 53                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |                                 |  |

## 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> | Date: <i>11-3-21</i>   |
| Sanitarian<br>       | Licensor: <i>DC HD</i> |