

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

Name of facility <i>Jacks Cabin</i>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>281</i>	Date <i>4/14/20</i>
Address <i>851 Martin St</i>		City/State/Zip Code <i>Greenville, OH 45331</i>		
License holder <i>Carissa + Jeremy Edwards</i>		Inspection Time <i>1:00</i>	Travel Time <i>10</i>	Category/Descriptive <i>C45</i>
Type of Inspection (check all that apply) <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 <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																																																																																																			
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Supervision</th> </tr> <tr> <td>1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td>Person in charge present, demonstrates knowledge, and performs duties</td> </tr> <tr> <td>2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td>Certified Food Protection Manager</td> </tr> <tr> <th colspan="2" style="text-align: center;">Employee Health</th> </tr> <tr> <td>3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td>Management, food employees and conditional employees; knowledge, responsibilities and reporting</td> </tr> <tr> <td>4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td>Proper use of restriction and exclusion</td> </tr> <tr> <td>5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td>Procedures for responding to vomiting and diarrheal events</td> </tr> <tr> <th colspan="2" style="text-align: center;">Good Hygienic Practices</th> </tr> <tr> <td>6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O</td> <td>Proper eating, tasting, drinking, or tobacco use</td> </tr> <tr> <td>7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O</td> <td>No discharge from eyes, nose, and mouth</td> </tr> <tr> <th colspan="2" style="text-align: center;">Preventing Contamination by Hands</th> </tr> <tr> <td>8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O</td> <td>Hands clean and properly washed</td> </tr> <tr> <td>9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td> </tr> <tr> <td>10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td>Adequate handwashing facilities supplied & accessible</td> </tr> <tr> <th colspan="2" style="text-align: center;">Approved Source</th> </tr> <tr> <td>11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT</td> <td>Food obtained from approved source</td> </tr> <tr> <td>12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>Food received at proper temperature</td> </tr> <tr> <td>13 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT</td> <td>Food in good condition, safe, and unadulterated</td> </tr> <tr> <td>14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>Required records available: shellstock tags, parasite 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<p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>																																																																																																			

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <u>Seavus Cabin</u>	Type of Inspection <u>Standard/CP</u>	Date <u>4/14/22</u>
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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 type="checkbox"/> OUT 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 type="checkbox"/> OUT <input type="checkbox"/> N/A 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 Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input type="checkbox"/> OUT 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 Existing Equipment and Facilities
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 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 type="checkbox"/> N/A 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 checked="" 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
28/35	7.1A	C	Observed bottle of cleaner in ice cream area. PC moved to proper location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13/35	3.46	C	Observed various items past the 7 total days including: meat loaf 4/13, steak 4/15, lettuce 4/12, coleslaw 4/13, soup with no date, other items no dates!	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
43	4.14	NC	Observed cold hold units without thermometers	<input type="checkbox"/>	<input type="checkbox"/>
15	3.2C	C	Observed fish, raw chicken, wenchop, and baked potatoes not covered.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <u>Curtis</u>	Date: <u>4/14/2022</u>
Sanitarian <u>[Signature]</u>	Licensor: <u>DCHD</u>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Salisbury Cabin</i>	Type of Inspection <i>Standard/CP</i>	Date <i>9/14/20</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
60	6.413	NC	observed equipment throughout facility needing cleaned.	<input type="checkbox"/>	<input type="checkbox"/>
60	5.414	NC	observed dumpster lids open.	<input type="checkbox"/>	<input type="checkbox"/>
60	6.413	NC	observed wood needing cleaned	<input type="checkbox"/>	<input type="checkbox"/>
110	4.5A1	C	observed can opener needing cleaned	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13/35	3.11	NC	observed debris around seats on multiple cans	<input type="checkbox"/>	<input type="checkbox"/>
CRITICAL CONTROL POINT				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
28(35)	7.1A	C	X. chemical observed bottle of cleaner in ice cream area. lid moved to proper location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33(35)	3.46	C	VI. time/temperature controlled safety food observed various items past the 7 day mark debris including: meat loaf 4/13, steam tips 4/13, lettuce 4/12, cole slaw 4/13, soup with no date, other items no dates.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15	3.7C	C	VII. PROTECTION FROM CONTAMINATION observed fish, raw chicken, ketchup, and baked potatoes not covered.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
116	4.5A1	C	observed can opener needing cleaned.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V. FOOD FROM APPROVED SOURCE				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
13/35	3.11	NC	observed debris around seats on multiple cans.	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: please find better place to give breed				<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: <i>Ann [Signature]</i>	Date:
Sanitarian: <i>[Signature]</i>	Licensors: <i>PCHD</i>

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