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

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| Na | | | | ne D □ RFE | İ | License Number | | Date | | | |
| 2 × (× 1) (0 () / 1 | | | · | 001 7/17 | | | | 19/19/00 | | | |
| Address Address Address Address | | | | City/State/Zip Code | | | | | | | |
| | 9521 MG | V + 1/1 3 1 | Corcenuille, OH 4>331 | | | | | | | | |
| Li | cense holder | 21 | Inspection | on Time | Trave | el Time | Ca | ategory/Descriptive | | | |
| (| (CAYSSO A | Jeiemy Edwards | 10 | $\mathcal{O}(\mathcal{O})$ | | 10 | | c (15 | | | |
| Ту | pe of Inspection (chec | | 1 | | F | follow up date (if requi | red) | Water sample date/result | | | |
| P* | | Control Point (FSO) □ Process Review (RFE) □ Varia | nce Revie | w 🛘 Follow u | ıp | | , | (if required) | | | |
| | Foodborne ☐ 30 Day | ☐ Complaint ☐ Pre-licensing ☐ Consultation | | | | | | | | | |
| | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | FOODBORNE ILLNESS RISK FACTOR | י או ופוומ | ie A i n | CU-INITEDVENITIO | NO | | | | | |
| N | lark designated compli | | | | | | 2000 0 2000 | booming NIA-mak annili-akti | | | |
| H | Tarit abdigitation compli | | J.II. 114-111 | IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable | | | | | | | |
| e (c) | | Compliance Status | 72 72 FOT | Compliance Status | | | | | | | |
| 74460 | | Supervision Person in charge present, demonstrates knowledge, ar | - | Time/Temperature Controlled for Safety Food (TCS food) | | | | | | | |
| 1 | OUT OUT N/A | performs duties | 23 | | | Proper date marking and disposition | | | | | |
| 2 | ☑ÎN □OUT □ N/A | Certified Food Protection Manager Employee Health | 24 | | | Time as a public health control: procedures & records | | | | | |
| 3 | DIN DOUT D N/A | Management, food employees and conditional employees | s; 5 | | | Consumer Adv | visory | | | | |
| | 1 | knowledge, responsibilities and reporting | 25 | | JT | Consumer advisory pro | ovided | for raw or undercooked foods | | | |
| 5 | ☐IN □OUT □ N/A ☐IN □OUT □ N/A | Proper use of restriction and exclusion Procedures for responding to vomiting and diarrheal even | te l | □N/A | 0 - 2000 C | | -7 W 1811 G -7 W | | | | |
| | | Good Hygienic Practices | | DIN DOL | JT | Highly Susceptible I | | | | | |
| 6 | ☑ IN ☐ OUT ☐ N/O | Proper eating, tasting, drinking, or tobacco use | 26 | | | Pasteurized foods used | d; prof | nibited foods not offered | | | |
| 7 | □ IN □ OUT □ N/O | No discharge from eyes, nose, and mouth | | | | Chemica | | | | | |
| | | reventing Contamination by Hands | 27 | . ⊡·IN □ OL | JT | Food additives: approved and properly used | | | | | |
| 8 | ZIN OUTON/O | Hands clean and properly washed | | □N/A | | | | a property dood | | | |
| 9 | ☐ÎN □ OUT | No bare hand contact with ready-to-eat foods or approve alternate method properly followed | ed 28 | □IN ZÍOU □N/A | JT | Toxic substances prope | rly ide | ntified, stored, used | | | |
| | | | Conformance with Approved Procedures | | | | | | | | |
| 10 | din □out □ n/a | Adequate handwashing facilities supplied & accessible | 29 | | | Compliance with Reduced Oxygen Packaging, other | | | | | |
| 11 | ☐1N ☐ OUT | Approved Source Food obtained from approved source | 7403 | Į⊒IN/A | | specialized processes, | and F | IACCP plan | | | |
| | □ IN □ OUT | | 30 | □IN □OU ·□N/A □ N/ | | Special Requirements: I | Fresh . | Juice Production | | | |
| 12 | □N/A □ N/O | Food received at proper temperature | 31 | | | Special Poquirements: | Hoot T | readment Discourse For | | | |
| 13 | □ IN , ☑ OUT | Food in good condition, safe, and unadulterated | | DN/A D N/G | - + | —————————————————————————————————————— | | reatment Dispensing Freezers | | | |
| 14 | □-IŃ □ OUT □N/A □ N/O | Required records available: shellstock tags, parasite destruction | 32 | □ IN □ OU □N/A □ N/0 | | Special Requirements: | Custor | n Processing | | | |
| | | Protection from Contamination | 33 | □IN □ OU | | Special Requirements: I | Bulk M | Jater Machine Criteria | | | |
| 15 | □IN ⊡*OUT □N/A □ N/O | Food separated and protected | | □N/A □ N/O | - | | | rater machine Criteria | | | |
| 16 | □ IN □ MÔUT □ N/A □ N/O | Food-contact surfaces: cleaned and sanitized | 34 | | | Special Requirements: / Criteria | Acidifie | ed White Rice Preparation | | | |
| 17 | ,⊡ IN □ OUT | Proper disposition of returned, previously served, reconditioned, and unsafe food | 35 | □IN ZÍOU □N/A | JT . | Critical Control Point Ins | spectio | n | | | |
| | Time/Tempe | rature Controlled for Safety Food (TCS food) | 20 | □ IN □ OU | JT | Droope Deview | | | | | |
| 18 | □ IN □ OUT □N/A □ N/O | Proper cooking time and temperatures | 36 | □N/A | | Process Review | | | | | |
| 19 | □ IN □ OUT □N/A □ N/O | Proper reheating procedures for hot holding | 37 | DN/A |) I | Variance | | | | | |
| 20 | □IN □ OUT □N/A □ N/O | Proper cooling time and temperatures | | Risk factors are food preparation practices and employee behaviors | | | | | | | |
| 21 | □·IN □ OUT □N/A □ N/O | Proper hot holding temperatures | fo | that are identified as the most significant contributing factors to foodborne illness. | | | | | | | |
| 22 | □.IN □ OUT □N/A | Proper cold holding temperatures | | 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 SICILLACTOR Date SICILLACTOR DATE | | | | | | | | | | | | |
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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 38 / IN □ OUT □ N/A □ N/O Pasteurized eggs used where required | Utensils, Equipment and Vending Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | | | | | | | | | | | |
| 39 ☐ IN ☐ OUT ☐ N/A Water and ice from approved source | Marine Country Country of the Countr | | | | | | | | | | | | |
| Food Temperature Control | strips | | | | | | | | | | | | |
| 40 , ☐ IN ☐ OUT ☐ N/A ☐ N/O Proper cooling methods used; adequate equipment for temperature control | 56 ☑ IN ☐ OUT Nonfood-contact surfaces clean Physical Facilities | | | | | | | | | | | | |
| 41 ☐ IN ☐ OUT ☐ N/A ☐ N/O Plant food properly cooked for hot holding | 57 □ IN □ OUT □ N/A Hot and cold water available; adequate pressure | | | | | | | | | | | | |
| 42 IN OUT NA NO Approved thawing methods used | 58 Plumbing installed; proper backflow devices | | | | | | | | | | | | |
| 43 ☐ IN 🗗 OUT ☐ N/A Thermometers provided and accurate | | | | | | | | | | | | | |
| Food identification | 59 ☐ IN ☐ OUT ☐N/A Sewage and waste water properly disposed | | | | | | | | | | | | |
| 44 ☐ IN ☐ OUT Food properly labeled; original container | 60 ☐ N ☐ OUT ☐ N/A Toilet facilities: properly constructed, supplied, cleaned | | | | | | | | | | | | |
| Prevention of Food Contamination | 61 ☐ IN 4년 OUT ☐N/A Garbage/refuse properly disposed; facilities maintained | | | | | | | | | | | | |
| 45 IN OUT Insects, rodents, and animals not present/outer openings protected | 62 ☐ IN ☑ OUT Physical facilities installed, maintained, and clean; dogs in outdoor dining areas | | | | | | | | | | | | |
| 46 ☐ IN ☐ OUT Contamination prevented during food preparation, storage & display | | | | | | | | | | | | | |
| 47 IN OUT IN/A Personal cleanliness | 63, IN OUT Adequate ventilation and lighting; designated areas used | | | | | | | | | | | | |
| 48 IN OUT IN/A IN/O Wiping cloths: properly used and stored | 64 ☐ IN ☐ OUT ☐N/A Existing Equipment and Facilities | | | | | | | | | | | | |
| 49 (☐ IN ☐ OUT ☐ N/A ☐ N/O Washing fruits and vegetables Proper Use of Utensils | Administrative | | | | | | | | | | | | |
| 50 . IN OUT N/A N/O In-use utensils: properly stored | 65 □ IN □ OUT ☑N/A 901:3-4 OAC | | | | | | | | | | | | |
| Utensils, equipment and linens: properly stored, dried, | 66 IN OUT N/A 3701-21 OAC | | | | | | | | | | | | |
| handled 52 / IN OUT IN/A Single-use/single-service articles: properly stored, used | 66/ N OUT ON/A 3701-21 OAC | | | | | | | | | | | | |
| 53 / ÎN DOUT DN/A DN/O Slash-resistant, cloth, and latex glove use | · | | | | | | | | | | | | |
| Observations and C Mark "X" in appropriate box for COS and R: COS=corr | | | | | | | | | | | | | |
| Item No. Code Section Priority Level Comment | COS R | | | | | | | | | | | | |
| 28/35 7.1A C Observed bottle of | cleaner in ce cream of o | | | | | | | | | | | | |
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| 13/35 3.46 C. Observed various | | | | | | | | | | | | | |
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| Person in Charge | Date: (///4/2023) | | | | | | | | | | | | |
| Sanitarian Licensor: | | | | | | | | | | | | | |
| D(HD) | | | | | | | | | | | | | |
| PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL Page of | | | | | | | | | | | | | |

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

| Name of | | , | Type of Inspection Date | | <u> </u> |
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| | | Mark "X | Observations and Corrective Actions (continued) "in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation | | |
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PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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