

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

Name of facility <b>DAIRY QUEEN Grill &amp; Chill</b>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <b>260</b>	Date <b>4/19/22</b>
Address <b>1510 Wagner Ave</b>	City/State/Zip Code <b>Greenville, OH 45331</b>		
License holder <b>Chamber Management LLC</b>	Inspection Time <b>60</b>	Travel Time <b>10</b>	Category/Descriptive <b>C45</b>
Type of Inspection (check all that apply) <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 <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>		
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 <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 <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>		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Consumer Advisory</b>	
Management, food employees and conditional employees; knowledge, responsibilities and reporting	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	
Proper use of restriction and exclusion	<b>Highly Susceptible Populations</b>	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Procedures for responding to vomiting and diarrheal events	Pasteurized foods used; prohibited foods not offered	
<b>Good Hygienic Practices</b>		
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<b>Chemical</b>	
Proper eating, tasting, drinking, or tobacco use	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
No discharge from eyes, nose, and mouth	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
<b>Preventing Contamination by Hands</b>		
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Hands clean and properly washed	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed	<b>Conformance with Approved Procedures</b>	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Adequate handwashing facilities supplied & accessible	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
<b>Approved Source</b>		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food obtained from approved source	Special Requirements: Fresh Juice Production	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food received at proper temperature	Special Requirements: Heat Treatment Dispensing Freezers	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food in good condition, safe, and unadulterated	Special Requirements: Custom Processing	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Required records available: shellstock tags, parasite destruction	Special Requirements: Bulk Water Machine Criteria	
<b>Protection from Contamination</b>		
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food separated and protected	Special Requirements: Acidified White Rice Preparation Criteria	
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Food-contact surfaces: cleaned and sanitized	Critical Control Point Inspection	
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	36 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Proper disposition of returned, previously served, reconditioned, and unsafe food	Process Review	
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>		
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Proper cooking time and temperatures	Variance	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooling time and temperatures		
21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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		

**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

<b>Name of Facility</b> DAIRY QUEEN 6211 Chil	<b>Type of Inspection</b> Standard/CCP	<b>Date</b> 4/19/22
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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 checked="" type="checkbox"/> OUT
Pasteurized eggs used where required		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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Water and ice from approved source		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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		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
Plant food properly cooked for hot holding		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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved thawing methods used		Plumbing installed; proper backflow devices	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Thermometers provided and accurate		Sewage and waste water properly disposed	
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Food properly labeled; original container		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Garbage/refuse properly disposed; facilities maintained	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	901:3-4 OAC	
Washing fruits and vegetables		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input type="checkbox"/> IN <input checked="" 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	

## 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
50	4.5A <sup>2</sup>	NC	observed oven across from fryers with grease and food build up.	<input type="checkbox"/>	<input type="checkbox"/>
54	4.4B	NC	observed cutting boards throughout facility with deep cuts.	<input type="checkbox"/>	<input type="checkbox"/>
54	4.0A	NC	observed wood boards in walk ins and prep racks on racks.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4B	NC	observed dirty drain water 3 comp sink and dirty floors under equipment in ice cream area	<input type="checkbox"/>	<input type="checkbox"/>
52	4.8E <sup>3</sup>	NC	observed ice cream spoons being stored different directions.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> Spencer [Signature]	<b>Date:</b> 4/19/22
<b>Sanitarian</b> [Signature]	<b>Licensors:</b> PCHD

PRIORITY LEVEL: C = CRITICAL    NC = NON-CRITICAL

