

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

|  |   |   |  |
|--|---|---|--|
| Name of facility<br><i>Whistle Stop</i>  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><i>203</i>                  | Date<br><i>6/2/22</i>                  |
| Address<br><i>200 S Main ST</i>  | City/State/Zip Code<br><i>Ansonia OH 45303</i>                                    |   |  |
| License holder<br><i>Andrew Rittle</i>   | Inspection Time<br><i>90</i>  | Travel Time<br><i>20</i>                      | Category/Descriptive<br><i>C45</i>     |
| 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)<br><i>6/6/22</i> | 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 6   | <input 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 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| <b>Approved Source</b>  |  | Special Requirements: Custom Processing  |  |
| 11  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food obtained from approved source  |  | Special Requirements: Bulk Water Machine Criteria  |  |
| 12  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food received at proper temperature   |  | Special Requirements: Acidified White Rice Preparation Criteria  |  |
| 13  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 35   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| Food in good condition, safe, and unadulterated   |  | Critical Control Point Inspection  |  |
| 14  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| Required records available: shellstock tags, parasite destruction                               |  | Process Review   |  |
| <b>Protection from Contamination</b>  |  | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 15  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance   |  |
| Food separated and protected  |  | <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> |  |
| 16  | <input type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 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>Whistle Stop</i> | Type of Inspection<br><i>Standard / CCP</i> | Date<br><i>6/2/22</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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 54  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT   |
| Pasturized 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 57  | <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 58  | <input 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   |   | Administrative  |   |
| 44  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 60  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Food properly labeled; original container                               |   | Toilet facilities: properly constructed, supplied, cleaned                            |   |
| Prevention of Food Contamination  |   | Physical Facilities   |   |
| 45  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 61  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Insects, rodents, and animals not present/outer openings protected      |   | Garbage/refuse properly disposed; facilities maintained                               |   |
| 46  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT   | 62  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Contamination prevented during food preparation, storage & display      |   | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |   |
| 47  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 63  | <input type="checkbox"/> IN <input type="checkbox"/> OUT  |
| Personal cleanliness  |   | Adequate ventilation and lighting; designated areas used                              |   |
| 48  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 64  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Wiping cloths: properly used and stored                                 |   | Existing Equipment and Facilities   |   |
| 49  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Administrative  |   |
| Washing fruits and vegetables   |   | 65  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| Proper Use of Utensils  |   | 901:3-4 OAC   |   |
| 50  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | 66  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| In-use utensils: properly stored  |   | 3701-21 OAC   |   |
| 51  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Administrative  |   |
| Utensils, equipment and linens: properly stored, dried, handled         |   | 901:3-4 OAC   |   |
| 52  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Administrative  |   |
| Single-use/single-service articles: properly stored, used               |   | 3701-21 OAC   |   |
| 53  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Administrative  |   |
| Slash-resistant, cloth, and latex glove use                             |   | 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                        |
|----------|--------------|----------------|--|--------------------------|--------------------------|
| 62       | 6.4 F        | NC             | Observed wet mop in mop sink   | <input type="checkbox"/> | <input type="checkbox"/> |
| 61       | 5.4 D        | NC             | Observed dumpster lids open  | <input type="checkbox"/> | <input type="checkbox"/> |
| 56       | 4.5 A2       | NC             | Observed dirty fan in walk in freezer<br>Observed dirty shelving in the dry goods storage area<br>Observed dirty floor, ceiling in wall in refrigeration<br>Observed dirty fan in kitchen<br>Observed dirty microwave oven<br>Observed dirty hood above fryer<br>Observed dirty walls and floor in kitchen | <input type="checkbox"/> | <input type="checkbox"/> |
| 46       | 3.2 Q        | NC             | Observed can goods being stored on the floor in dry goods storage area   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                        |
|--|------------------------|
| Person in Charge<br><i>[Signature]</i> | Date: <i>6/2/22</i>    |
| Sanitarian<br><i>[Signature]</i>       | Licensor: <i>DC HP</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

**State of Ohio**  
**Continuation Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |                       |
|---|---|-----------------------|
| Name of Facility<br><i>Whistle Stop</i> | Type of Inspection<br><i>Standard/CCP</i> | Date<br><i>6/2/22</i> |
|---|---|-----------------------|

**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                                   |
|--------------|---------------|----------------|--|-------------------------------------|-------------------------------------|
| <i>16/35</i> | <i>4.5 A1</i> | <i>C</i>       | <i>Observed dirty meat slicer and Toaster in Kitchen<br/>PIC cleaned</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <i>15/35</i> | <i>3.2 C</i>  | <i>C</i>       | <i>Observed pizza crust in Toaster by pizza prep area.<br/>PIC discarded</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <i>16/35</i> | <i>4.5 A1</i> | <i>C</i>       | <i>Observed dirty ice maker</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>(a)</i>   | <i>6.1 A</i>  | <i>NC</i>      | <i>Observed broken floor Tiles in Kitchen</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>10/35</i> | <i>5.1 L</i>  | <i>NC</i>      | <i>No Hand sink in Kitchen</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>54</i>    | <i>4.4 B</i>  | <i>NC</i>      | <i>Observed cutting Board with deep cuts in pizza prep area.</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>55</i>    | <i>4.4 G</i>  | <i>C</i>       | <i>Observed Test strips for water washing machine reading 0ppm</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|              |               |                | <i>Critical Control Point Inspection</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|              |               |                | <i>III Preventing Contamination by Hands</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>16/35</i> | <i>5.1 L</i>  | <i>NC</i>      | <i>No Hand sink in Kitchen</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|              |               |                | <i>VII Protection from Contamination</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>16/35</i> | <i>4.5 A1</i> | <i>C</i>       | <i>Observed dirty meat slicer and Toaster in Kitchen PIC cleaned</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <i>15/35</i> | <i>3.2 C</i>  | <i>C</i>       | <i>Observed pizza crust in toaster by pizza prep area<br/>PIC Discarded</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>16/35</i> | <i>4.5 A1</i> | <i>C</i>       | <i>Observed dirty ice maker</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|              |               |                | <i>Talked w/ Andrea about hand sink, They are going to use one in bar until fixed. Andrea was calling North Star Plumbing to fix</i> | <input type="checkbox"/>            | <input type="checkbox"/>            |
|              |               |                | <i>Also talked w/ Andrea about keeping her Facilities cleaner</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|              |               |                | <i>Talked w/ Andrea about label maker and changing dates</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |

|   |                           |
|---|---------------------------|
| Person in Charge:<br><i>[Signature]</i> | Date:<br><i>6/2/22</i>    |
| Sanitarian:<br><i>[Signature]</i>       | Licensor:<br><i>DC HD</i> |

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

|   |   |                              |  |
|---|---|------------------------------|--|
| Name of facility<br><b>WASHIE STOP</b>  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><b>205</b> | Date<br><b>6/22/22</b>                 |
| Address<br><b>200 S Main St</b>   | City/State/Zip Code<br><b>ANSANIA, OH 45303</b>                                   |                              |  |
| License holder<br><b>Andrew Ruffie</b>  | Inspection Time<br><b>20</b>  | Travel Time<br><b>20</b>     | Category/Descriptive<br><b>CLS</b>     |
| Type of Inspection (check all that apply)<br><input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 23   | <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 24   | <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| Management, food employees and conditional employees; knowledge, responsibilities and reporting |  | Consumer advisory provided for raw or undercooked foods  |   |
| 4   | <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| 5   | <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| 6   | <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| 7   | <input 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 type="checkbox"/> N/A                              |
| 8   | <input 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>  |  | Special Requirements: Custom Processing  |   |
| 11  | <input type="checkbox"/> IN <input type="checkbox"/> OUT   | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food obtained from approved source  |  | Special Requirements: Bulk Water Machine Criteria  |   |
| 12  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food received at proper temperature   |  | Special Requirements: Acidified White Rice Preparation Criteria  |   |
| 13  | <input type="checkbox"/> IN <input type="checkbox"/> OUT   | 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| Food in good condition, safe, and unadulterated   |  | Critical Control Point Inspection  |   |
| 14  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| Required records available: shellstock tags, parasite destruction                               |  | Process Review   |   |
| <b>Protection from Contamination</b>  |  | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| 15  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance   |   |
| Food separated and protected  |  | <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> |   |
| 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 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 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 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 type="checkbox"/> N/O            |  |   |
| Proper cooling time and temperatures  |  |  |   |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |  |   |
| Proper hot holding temperatures   |  |  |   |
| 22  | <input 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>Whistle Stop</i> | Type of Inspection<br><i>Follow up</i> | Date<br><i>6/22/22</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 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<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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 56                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br>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<br>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 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 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 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 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 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                              | 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 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |                                 |   |
| 53                               | <input 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>All criticals corrected, new hand sink installed.</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"/> |

|  |                                 |
|--|---------------------------------|
| Person in Charge<br><i>Carla Curtiss</i> | Date:<br><i>6/22/22</i>         |
| Sanitarian<br><i>[Signature]</i>         | Licensor:<br><i>[Signature]</i> |

PRIORITY LEVEL: C = CRITICAL    NC = NON-CRITICAL