

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

Name of facility The Train Stop	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 89	Date 3/23/23
Address 121 N Miami	City/State/Zip Code BRADFORD OH 45308		
License holder Tommy Messinger Enterprises	Inspection Time 600	Travel Time 40	Category/Descriptive C45
Type of Inspection (check all that apply) <input 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	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input checked="" 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
Certified Food Protection Manager		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Employee Health		Time as a public health control: procedures & records	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory	
Management, food employees and conditional employees; knowledge, responsibilities and reporting		25	<input type="checkbox"/> IN <input type="checkbox"/> OUT
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	
Proper use of restriction and exclusion		Consumer advisory provided for raw or undercooked foods	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Procedures for responding to vomiting and diarrheal events		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT
Good Hygienic Practices		<input checked="" type="checkbox"/> N/A	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Pasteurized foods used; prohibited foods not offered	
Proper eating, tasting, drinking, or tobacco use		Chemical	
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT
No discharge from eyes, nose, and mouth		<input checked="" type="checkbox"/> N/A	
Preventing Contamination by Hands		Food additives: approved and properly used	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input type="checkbox"/> IN <input type="checkbox"/> OUT
Hands clean and properly washed		<input checked="" type="checkbox"/> N/A	
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored, used	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed.		Conformance with Approved Procedures	
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Adequate handwashing facilities supplied & accessible		<input checked="" type="checkbox"/> N/A	
Approved Source		Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT
Food obtained from approved source		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Special Requirements: Fresh Juice Production	
Food received at proper temperature		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food in good condition, safe, and unadulterated		Special Requirements: Heat Treatment Dispensing Freezers	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT	32	<input type="checkbox"/> IN <input type="checkbox"/> OUT
Required records available: shellstock tags, parasite destruction		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Protection from Contamination		Special Requirements: Custom Processing	
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT
Food separated and protected		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Special Requirements: Bulk Water Machine Criteria	
Food-contact surfaces: cleaned and sanitized		34	<input type="checkbox"/> IN <input type="checkbox"/> OUT
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Proper disposition of returned, previously served, reconditioned, and unsafe food		Special Requirements: Acidified White Rice Preparation Criteria	
Time/Temperature Controlled for Safety Food (TCS food)		35	<input type="checkbox"/> IN <input type="checkbox"/> OUT
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	
Proper cooking time and temperatures		Critical Control Point Inspection	
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT
Proper reheating procedures for hot holding		<input checked="" type="checkbox"/> N/A	
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Process Review	
Proper cooling time and temperatures		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	
Proper hot holding temperatures		Variance	
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<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>	
Proper cold holding temperatures			

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Name of Facility <i>The Train Stop</i>	Type of Inspection <i>Standard</i>	Date <i>3/23/23</i>
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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 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 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 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 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 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 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 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 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 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 checked="" 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 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 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>51</i>	<i>4411</i>	<i>NC</i>	<i>Observed broken seat on bridge unit in back room</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>52</i>	<i>6411</i>	<i>NC</i>	<i>observed broken/missing ceiling tiles through facility - critical control point, & no criticals.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Thank You!</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"/>

Person in Charge <i>Chelsea Jones</i>	Date: <i>3/23/23</i>
Sanitarian <i>LS MC</i>	Licensor: <i>DCH-AD</i>