

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                              |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| Name of facility<br><b>FOURMAYS VARIETY</b>                                                                                                                                                                                                                                                                                                                                                                                                          | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br><b>68</b>  | Date<br><b>5/26/23</b>                 |
| Address<br><b>48 W GEORGE ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | City/State/Zip Code<br><b>ARLINGTON OH 43001</b>                                  |                              |                                        |
| License holder<br><b>FOURMAYS IFC DBA (OWNER)</b>                                                                                                                                                                                                                                                                                                                                                                                                    | Inspection Time<br><b>30</b>                                                      | Travel Time<br><b>60</b>     | Category/Descriptive<br><b>CAS</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 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 checked="" 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 checked="" 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 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 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 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 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 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 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>Farmers Variety</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>5/20/23</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            | Pasteurized eggs used where required                                                                                                                           | 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                                         | Water and ice from approved source                                                                                                                             | 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooling methods used; adequate equipment for temperature control                                                                                        | 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            | Plant food properly cooked for hot holding                                                                                                                     | 57 <input checked="" 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            | Approved thawing methods used                                                                                                                                  | 58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <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                                         | Thermometers provided and accurate                                                                                                                             | 59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Sewage and waste water properly disposed                                                                        |
| Food Identification              |                                                                                                                               | Administrative                                                                                                                                                 |                                                                                                                                                                                                             |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Food properly labeled; original container                                                                                                                      | 60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Toilet facilities: properly constructed, supplied, cleaned                                                      |
| Prevention of Food Contamination |                                                                                                                               | 61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Garbage/refuse properly disposed; facilities maintained | 62 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Physical facilities installed, maintained, and clean; dogs in outdoor dining areas |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Insects, rodents, and animals not present/outer openings protected                                                                                             | 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                                                                      | Contamination prevented during food preparation, storage & display                                                                                             | 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                                         | Personal cleanliness                                                                                                                                           | 65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>901-3-4 OAC                                                                                                     |
| 48                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Wiping cloths: properly used and stored                                                                                                                        | 66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>3701-21 OAC                                                                                                     |
| 49                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Washing fruits and vegetables                                                                                                                                  |                                                                                                                                                                                                             |
| Proper Use of Utensils           |                                                                                                                               |                                                                                                                                                                |                                                                                                                                                                                                             |
| 50                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | In-use utensils: properly stored                                                                                                                               |                                                                                                                                                                                                             |
| 51                               | <input checked="" 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 type="checkbox"/> OUT <input type="checkbox"/> N/A                                         | Single-use/single-service articles: properly stored, used                                                                                                      |                                                                                                                                                                                                             |
| 53                               | <input 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                        |
|----------|--------------|----------------|----------------------------------|--------------------------|--------------------------|
|          |              |                | <i>See facility @ inspection</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"/> |
|          |              |                |                                  | <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>Dawn Arnold</i><br>Environmental Health Specialist | Date:                     |
|                                                                           | Licensor: <i>D. H. D.</i> |