



# Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>CADENA DS</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1139</i>	Date <i>5/28/24</i>
Address <i>4500 Wagon Wheel</i>	City/State/Zip Code <i>CALDWELL OH 45331</i>		
License holder <i>CADENA DS LLC</i>	Inspection Time <i>60</i>	Travel Time <i>10</i>	Category/Descriptive <i>045</i>
Type of Inspection (check all that apply) <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 <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

##### Supervision

- 1  IN  OUT  N/A Person in charge present, demonstrates knowledge, and performs duties
- 2  IN  OUT  N/A Certified Food Protection Manager

##### Employee Health

- 3  IN  OUT  N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting
- 4  IN  OUT  N/A Proper use of restriction and exclusion
- 5  IN  OUT  N/A Procedures for responding to vomiting and diarrheal events

##### Good Hygienic Practices

- 6  IN  OUT  N/O Proper eating, tasting, drinking, or tobacco use
- 7  IN  OUT  N/O No discharge from eyes, nose, and mouth

##### Preventing Contamination by Hands

- 8  IN  OUT  N/O Hands clean and properly washed
- 9  IN  OUT  N/A  N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed

##### Adequate handwashing facilities supplied & accessible

- 10  IN  OUT  N/A Adequate handwashing facilities supplied & accessible
- 11  IN  OUT Food obtained from approved source
- 12  IN  OUT  N/A  N/O Food received at proper temperature
- 13  IN  OUT Food in good condition, safe, and unadulterated
- 14  IN  OUT  N/A  N/O Required records available: shellstock tags, parasite destruction

##### Protection from Contamination

- 15  IN  OUT  N/A  N/O Food separated and protected
- 16  IN  OUT  N/A  N/O Food-contact surfaces: cleaned and sanitized
- 17  IN  OUT Proper disposition of returned, previously served, reconditioned, and unsafe food

##### Time/Temperature Controlled for Safety Food (TCS food)

- 18  IN  OUT  N/A  N/O Proper cooking time and temperatures
- 19  IN  OUT  N/A  N/O Proper reheating procedures for hot holding
- 20  IN  OUT  N/A  N/O Proper cooling time and temperatures
- 21  IN  OUT  N/A  N/O Proper hot holding temperatures
- 22  IN  OUT  N/A Proper cold holding temperatures

#### Compliance Status

##### Time/Temperature Controlled for Safety Food (TCS food)

- 23  IN  OUT  N/A  N/O Proper date marking and disposition
- 24  IN  OUT  N/A  N/O Time as a public health control: procedures & records

##### Consumer Advisory

- 25  IN  OUT  N/A Consumer advisory provided for raw or undercooked foods

##### Highly Susceptible Populations

- 26  IN  OUT  N/A Pasteurized foods used; prohibited foods not offered

##### Chemical

- 27  IN  OUT  N/A Food additives: approved and properly used
- 28  IN  OUT  N/A Toxic substances properly identified, stored, used

##### Conformance with Approved Procedures

- 29  IN  OUT  N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
- 30  IN  OUT  N/A  N/O Special Requirements: Fresh Juice Production
- 31  IN  OUT  N/A  N/O Special Requirements: Heat Treatment Dispensing Freezers
- 32  IN  OUT  N/A  N/O Special Requirements: Custom Processing
- 33  IN  OUT  N/A  N/O Special Requirements: Bulk Water Machine Criteria
- 34  IN  OUT  N/A  N/O Special Requirements: Acidified White Rice Preparation Criteria
- 35  IN  OUT  N/A Critical Control Point Inspection
- 36  IN  OUT  N/A Process Review
- 37  IN  OUT  N/A Variance

**Risk factors** are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

**Public health interventions** are control measures to prevent foodborne illness or injury.

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Captain D's</i>	Type of Inspection <i>Standard/ICP</i>	Date <i>5/28/24</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 checked="" 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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
48	<input checked="" 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 checked="" 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 checked="" 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>400</i>	<i>32.7</i>	<i>NC</i>	<i>observed hood area above hot food line needs cleaned</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>500</i>	<i>4.5Aa</i>	<i>NC</i>	<i>observed seats on roof vents in front area needs cleaned</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>600</i>	<i>6.4B</i>	<i>NC</i>	<i>observed floor needs cleaned in walk room</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<b>CRITICAL CONTROL POINT</b>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>no critical violations @ time of 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"/>

Person in Charge <i>R. E. Atty</i>	Date: <i>5-28-24</i>
Environmental Health Specialist <i>W. R.</i>	Licensor: <i>DCHD</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL