

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

Name of facility <i>Dollar General #2573</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>2022</i>	Date <i>7/30/24</i>
Address <i>539 Wagner Ave</i>	City/State/Zip Code <i>Cincinnati OH 45331</i>		
License holder <i>Dolgen Midwest</i>	Inspection Time <i>60</i>	Travel Time <i>10</i>	Category/Descriptive <i>CIS</i>
Type of Inspection (check all that apply) <input checked="" 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

10  IN  OUT  N/A Adequate handwashing facilities supplied & accessible

**Approved Source**

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>Dollar General #2573</i>	Type of Inspection <i>Standard</i>	Date <i>7/30/24</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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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	Water and ice from approved source	55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	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 checked="" type="checkbox"/> N/A	Thermometers provided and accurate	59	<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64	<input checked="" 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	Personal cleanliness	Administrative		
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	65	<input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	3701-21 OAC
Proper Use of Utensils					
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored			
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled			
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used			
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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
56	4.5	NC	Observed dirt build up in small ice cream treater & milk cooler	<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	Date: <i>7/30/24</i>
Environmental Health Specialist <i>Molly Egan</i>	Licensors: <i>DCHD</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL