

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

Name of facility <i>Tolly's Gastropub</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>178</i>	Date <i>7/2/24</i>
Address <i>644 Wagner Ave</i>	City/State/Zip Code <i>Coponville OH 45331</i>		
License holder <i>William Longfellow</i>	Inspection Time <i>80</i>	Travel Time <i>10</i>	Category/Descriptive <i>C35</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	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 Person in charge present, demonstrates knowledge, and performs duties	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper date marking and disposition <input type="checkbox"/> N/A <input type="checkbox"/> N/O
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT Time as a public health control: procedures & records <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Employee Health	Consumer Advisory
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/> N/A
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	Highly Susceptible Populations
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT Pasteurized foods used; prohibited foods not offered <input checked="" type="checkbox"/> N/A
Good Hygienic Practices	Chemical
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food additives: approved and properly used <input checked="" type="checkbox"/> N/A
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT Toxic substances properly identified, stored, used <input checked="" type="checkbox"/> N/A
Preventing Contamination by Hands	Conformance with Approved Procedures
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan <input checked="" type="checkbox"/> N/A
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT No bare hand contact with ready-to-eat foods or approved alternate method properly followed <input type="checkbox"/> N/A <input type="checkbox"/> N/O	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Fresh Juice Production <input type="checkbox"/> N/A <input type="checkbox"/> N/O
10 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Heat Treatment Dispensing Freezers <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Custom Processing <input type="checkbox"/> N/A <input type="checkbox"/> N/O
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Bulk Water Machine Criteria <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food received at proper temperature <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT Special Requirements: Acidified White Rice Preparation Criteria <input type="checkbox"/> N/A <input type="checkbox"/> N/O
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT Critical Control Point Inspection <input checked="" type="checkbox"/> N/A
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT Required records available: shellstock tags, parasite destruction <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT Process Review <input checked="" type="checkbox"/> N/A
Protection from Contamination	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT Variance <input checked="" type="checkbox"/> N/A
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food separated and protected <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
16 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food-contact surfaces: cleaned and sanitized <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
17 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food	
Time/Temperature Controlled for Safety Food (TCS food)	
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooking time and temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper reheating procedures for hot holding <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooling time and temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT Proper hot holding temperatures <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures	

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

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Name of Facility <i>Jolly's Gastro pub</i>	Type of Inspection <i>Standard</i>	Date <i>7/2/24</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	38	Pasteurized eggs used where required
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
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	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
42	<input checked="" 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
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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
Food Identification		59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food properly labeled; original container	60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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 Garbage/refuse properly disposed; facilities maintained
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Insects, rodents, and animals not present/outer openings protected	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
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Contamination prevented during food preparation, storage & display	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Personal cleanliness	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	Administrative	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Washing fruits and vegetables	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
Proper Use of Utensils		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
50	<input checked="" 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 checked="" 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
10	5.10	C	Handwashing sink in service area had ice in it. Removed during inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	4.9A	NC	Observed seals on several cooling units in facility needing replaced	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56	4.5A3	NC	Observed dirty seals and bottoms of refrigerator and freezer units needing cleaned. Observed storage racks in walk-in needing cleaned; top of sugar container	<input type="checkbox"/>	<input type="checkbox"/>
46	3.2 B	NC	Observed food stored on floor of walk-in	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	3.2 C	C	Observed colostrum not covered in service area prep area. Covered during inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Oliver Romo</i>	Date: <i>07-02-2024</i>
Environmental Health Specialist <i>Marilyn Gynn</i>	Licensor: <i>DCAD</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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

Name of Facility <i>Tolly's Gastro pub</i>	Type of Inspection <i>Standard</i>	Date <i>7/27/24</i>
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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</i>	<i>4.5A1</i>	<i>C</i>	<i>Observed dirty can opener during inspection. cleaned during inspection</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>44</i>	<i>3.2-D</i>	<i>NC</i>	<i>Observed unlabeled container of "sugar" by meat slicer and "breadings" by grill.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>52</i>	<i>4.8E3</i>	<i>NC</i>	<i>Observed baked potatoes stored in single use sour cream container in walk in</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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Person in Charge: <i>Clay Landwehr</i>	Date: <i>07-02-2024</i>
Sanitarian: <i>Martin Epper</i>	Licensor: <i>D.E.H.D.</i>