

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

Name of facility BOSCHETTI RIFE INC DBA units	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1198	Date 8-26-24
Address 1224 SWENZER ST	City/State/Zip Code GREENVILLE OH 45331		
License holder John Riegler	Inspection Time 60	Travel Time 10	Category/Descriptive C-5
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  OUT  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>BUSCHER &amp; BAKER - C DBA WATS</i>	Type of Inspection <i>Standard/CCP</i>	Date <i>8-26-24</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	54	<input 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	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 checked="" 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input 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 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 checked="" 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input 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 checked="" 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>Satisfactory @ inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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Person in Charge <i>[Signature]</i>	Date: <i>8-26-24</i>
Environmental Health Specialist <i>[Signature]</i>	Licensor: <i>[Signature]</i>