

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

|  |   |                                |  |
|--|---|--------------------------------|--|
| Name of facility<br><i>Knights of Columbus #1790</i>   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><i>10913</i> | Date<br><i>11-21-21</i>                |
| Address<br><i>116 S childrens home building</i>  | City/State/Zip Code<br><i>Cincinnati, OH 45231</i>                                |                                |  |
| License holder<br><i>Knights of Columbus</i>   | Inspection Time<br><i>25</i>  | Travel Time<br><i>10</i>       | Category/Descriptive<br><i>MC35</i>    |
| 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   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 type="checkbox"/> N/A <input type="checkbox"/> N/O   Time as a public health control: procedures & records                      |
| <b>Employee Health</b>  |   | <b>Consumer Advisory</b>   |  |
| 3   | <input 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   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>  |  |
| 5   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   Pasteurized foods used; prohibited foods not offered  |
| <b>Good Hygienic Practices</b>                                |   | <b>Chemical</b>  |  |
| 6   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                      | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A   Food additives: approved and properly used   |
| 7   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | 28   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   Toxic substances properly identified, stored, used  |
| <b>Preventing Contamination by Hands</b>                      |   | <b>Conformance with Approved Procedures</b>  |  |
| 8   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan                   |
| 9   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Fresh Juice Production                    |
| 10  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Heat Treatment Dispensing Freezers                   |
| <b>Approved Source</b>  |   | 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O   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   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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O   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   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 checked="" type="checkbox"/> N/A   Process Review   |
| <b>Protection from Contamination</b>                          |   | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   Variance  |
| 15  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | <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 |  |  |
| 17  | <input type="checkbox"/> IN <input type="checkbox"/> OUT  |  |  |
| <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 |  |  |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| 22  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |  |  |

# Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |                                     |                         |
|--|-------------------------------------|-------------------------|
| Name of Facility<br><i>Wrights of Columbus #1179</i> | Type of Inspection<br><i>random</i> | Date<br><i>11-21-24</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 | Pasteurized eggs used where required                                    | 54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                           |  |
| 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         |  |
| Food Temperature Control         |   | 56  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              |  |
| 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 | Nonfood-contact surfaces clean   |  |
| 41                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plant food properly cooked for hot holding                              | Physical Facilities  |  |
| 42                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Approved thawing methods used   | 57   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   |
| 43                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Thermometers provided and accurate                                      | 58   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food Identification              |   | 59  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A            | Sewage and waste water properly disposed   |
| 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                              |
| Prevention of Food Contamination |   | 61  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toilet facilities: properly constructed, supplied, cleaned   |
| 45                               | <input 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 |
| 46                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Contamination prevented during food preparation, storage & display      | 63   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  |
| 47                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Personal cleanliness  | 64   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   |
| 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                                 | Existing Equipment and Facilities  |  |
| 49                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Washing fruits and vegetables   | Administrative   |  |
| Proper Use of Utensils           |   | 65  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A            | 901:3-4 OAC  |
| 50                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | In-use utensils: properly stored  | 66   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 51                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Utensils, equipment and linens: properly stored, dried, handled         | 3701-21 OAC  |  |
| 52                               | <input checked="" 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>Satisfactory 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"/> |

|   |                                 |
|---|---------------------------------|
| Person in Charge<br><i>[Signature]</i>                | Date:<br><i>11/21/2024</i>      |
| Environmental Health Specialist<br><i>[Signature]</i> | Licensor:<br><i>[Signature]</i> |

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL