

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

Name of facility <i>Pawes Bistro</i>	Check one <input type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>159</i>	Date <i>11-26-09</i>
Address <i>848 Main St</i>		City/State/Zip Code <i>Columbus, OH 43233</i>	
License holder <i>Dave County Human Serv</i>	Inspection Time <i>30</i>	Travel Time <i>10</i>	Category/Descriptive <i>MCSS</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	
<b>Supervision</b>		
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Person in charge present, demonstrates knowledge, and performs duties	<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	Proper date marking and disposition	
Certified Food Protection Manager	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<b>Employee Health</b>		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Management, food employees and conditional employees; knowledge, responsibilities and reporting	Time as a public health control: procedures & records	
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Consumer Advisory</b>	
Proper use of restriction and exclusion	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
Procedures for responding to vomiting and diarrheal events	Consumer advisory provided for raw or undercooked foods	
<b>Good Hygienic Practices</b>		
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<b>Highly Susceptible Populations</b>	
Proper eating, tasting, drinking, or tobacco use	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<input type="checkbox"/> N/A	
No discharge from eyes, nose, and mouth	Pasteurized foods used; prohibited foods not offered	
<b>Preventing Contamination by Hands</b>		
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<b>Chemical</b>	
Hands clean and properly washed	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food additives: approved and properly used	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
Adequate handwashing facilities supplied & accessible	Toxic substances properly identified, stored, used	
<b>Approved Source</b>		
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<b>Conformance with Approved Procedures</b>	
Food obtained from approved source	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A	
Food received at proper temperature	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Food in good condition, safe, and unadulterated	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Special Requirements: Fresh Juice Production	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	31 <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	
<b>Protection from Contamination</b>		
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food separated and protected	Special Requirements: Custom Processing	
16 <input type="checkbox"/> IN <input type="checkbox"/> OUT	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food-contact surfaces: cleaned and sanitized	Special Requirements: Bulk Water Machine Criteria	
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>		
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> N/A	
Proper cooking time and temperatures	Critical Control Point Inspection	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> N/A	
Proper reheating procedures for hot holding	Process Review	
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> N/A	
Proper cooling time and temperatures	Variance	
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<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>	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures		
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures		

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Faws Bikes</i>	Type of Inspection <i>Standard</i>	Date <i>11-26-24</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	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 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 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	56. <input checked="" 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	Plant food properly cooked for hot holding	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	Approved thawing methods used	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	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		Administrative		
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	60. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned	
Prevention of Food Contamination				
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	61. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	62. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	63. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	
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	64. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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		
Proper Use of Utensils		Administrative		
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	65. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	66. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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
50	USAFA	NC	Commercial ice machine regularly cleaned	<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"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Andre Basse</i>	Date: <i>11-26-24</i>
Environmental Health Specialist <i>[Signature]</i>	Licensor: <i>DCID</i>

**PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL**