

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility 526 478	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 258	Date 11-14-24
Address 1201 Ross Rd	City/State/Zip Code Greenville OH 45331		
License holder 526 LLC	Inspection Time 60	Travel Time 10	Category/Descriptive (3)
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 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Certified Food Protection Manager |

Employee Health

- | | | |
|---|--|---|
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Management, food employees and conditional employees; knowledge, responsibilities and reporting |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper use of restriction and exclusion |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Procedures for responding to vomiting and diarrheal events |

Good Hygienic Practices

- | | | |
|---|--|--|
| 6 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O | Proper eating, tasting, drinking, or tobacco use |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose, and mouth |

Preventing Contamination by Hands

- | | | |
|----|--|---|
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Hands clean and properly washed |
| 9 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Adequate handwashing facilities supplied & accessible |

Approved Source

- | | | |
|----|--|---|
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from approved source |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food received at proper temperature |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food in good condition, safe, and unadulterated |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Required records available: shellstock tags, parasite destruction |

Protection from Contamination

- | | | |
|----|---|---|
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated and protected |
| 16 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food-contact surfaces: cleaned and sanitized |
| 17 | <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooking time and temperatures |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper reheating procedures for hot holding |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooling time and temperatures |
| 21 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <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 |

Compliance Status

Time/Temperature Controlled for Safety Food (TCS food)

- | | | |
|----|---|---|
| 23 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper date marking and disposition |
| 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Time as a public health control: procedures & records |

Consumer Advisory

- | | | |
|----|--|---|
| 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked foods |
|----|--|---|

Highly Susceptible Populations

- | | | |
|----|--|--|
| 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered |
|----|--|--|

Chemical

- | | | |
|----|--|--|
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used |
| 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toxic substances properly identified, stored, used |

Conformance with Approved Procedures

- | | | |
|----|---|---|
| 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Fresh Juice Production |
| 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Heat Treatment Dispensing Freezers |
| 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Custom Processing |
| 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Bulk Water Machine Criteria |
| 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Acidified White Rice Preparation Criteria |
| 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Critical Control Point Inspection |
| 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Process Review |
| 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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>S-6 78</i>	Type of Inspection <i>Standard</i>	Date <i>11-14-24</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	
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
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Water and ice from approved source
Food Temperature Control	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Plant food properly cooked for hot holding
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Thermometers provided and accurate
Food Identification	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food properly labeled; original container
Prevention of Food Contamination	
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT Insects, rodents, and animals not present/outer openings protected
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Contamination prevented during food preparation, storage & display
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Personal cleanliness
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Wiping cloths: properly used and stored
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Washing fruits and vegetables
Proper Use of Utensils	
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored
51	<input 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 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

Utensils, Equipment and Vending	
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean
Physical Facilities	
57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
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
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
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
63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
Administrative	
65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC
66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC

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
23	3, 4, 4	C	Observed Hat and Hat with discarded date of 10/16/24. PTC discarded hat + hat		<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Andrew N. Ray</i>	Date: <i>11/14/24</i>
Environmental Health Specialist <i>Mattie Spivey</i>	Licensors: <i>PCHP</i>