

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

Name of facility <i>EUROPEAN'S - 6A</i>		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>6226</i>	Date <i>4-23-25</i>
Address <i>1120 SW 10th Street</i>		City/State/Zip Code <i>Cleveland, OH 44115</i>		
License holder <i>EUROPEAN'S - 6A</i>		Inspection Time <i>7:5</i>	Travel Time <i>10</i>	Category/Descriptive <i>448</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																																																																																																							
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State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility SLO 2 SAZ	Type of Inspection SLO 2 SAZ	Date 4-23-25
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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 ☐ IN ☐ OUT ☐ N/A ☐ N/O Pasteurized eggs used where required

39 ☐ IN ☐ OUT ☐ N/A Water and ice from approved source

Food Temperature Control

40 ☒ IN ☐ OUT ☐ N/A ☐ N/O Proper cooling methods used; adequate equipment for temperature control

41 ☐ IN ☐ OUT ☐ N/A ☐ N/O Plant food properly cooked for hot holding

42 ☐ IN ☐ OUT ☐ N/A ☐ N/O Approved thawing methods used

43 ☒ IN ☐ OUT ☐ N/A Thermometers provided and accurate

Food Identification

44 ☐ IN ☐ OUT Food properly labeled; original container

Prevention of Food Contamination

45 ☐ IN ☐ OUT Insects, rodents, and animals not present/outer openings protected

46 ☐ IN ☐ OUT Contamination prevented during food preparation, storage & display

47 ☒ IN ☐ OUT ☐ N/A Personal cleanliness

48 ☒ IN ☐ OUT ☐ N/A ☐ N/O Wiping cloths: properly used and stored

49 ☐ IN ☐ OUT ☐ N/A ☐ N/O Washing fruits and vegetables

Proper Use of Utensils

50 ☒ IN ☐ OUT ☐ N/A ☐ N/O In-use utensils: properly stored

51 ☐ IN ☐ OUT ☐ N/A Utensils, equipment and linens: properly stored, dried, handled

52 ☒ IN ☐ OUT ☐ N/A Single-use/single-service articles: properly stored, used

53 ☐ IN ☐ OUT ☐ N/A ☐ N/O Slash-resistant, cloth, and latex glove use

Utensils, Equipment and Vending

54 ☐ IN ☐ OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used

55 ☐ IN ☐ OUT ☐ N/A Warewashing facilities: installed, maintained, used; test strips

56 ☐ IN ☒ OUT Nonfood-contact surfaces clean

Physical Facilities

57 ☐ IN ☐ OUT ☐ N/A Hot and cold water available; adequate pressure

58 ☐ IN ☐ OUT ☐ N/A ☐ N/O Plumbing installed; proper backflow devices

59 ☒ IN ☐ OUT ☐ N/A Sewage and waste water properly disposed

60 ☒ IN ☐ OUT ☐ N/A Toilet facilities: properly constructed, supplied, cleaned

61 ☐ IN ☐ OUT ☐ N/A Garbage/refuse properly disposed; facilities maintained

62 ☒ IN ☐ OUT ☐ N/A ☐ N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas

63 ☐ IN ☐ OUT Adequate ventilation and lighting; designated areas used

64 ☐ IN ☐ OUT ☐ N/A Existing Equipment and Facilities

Administrative

65 ☐ IN ☒ OUT ☐ N/A 901:3-4 OAC

66 ☐ IN ☐ OUT ☐ 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
65	901.3-4	C	Corrected during inspection 2/22/25 by 9/3/25, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3701.21		Corrected	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SLO 2 SAZ	NC		Corrected during inspection 2/22/25 by 9/3/25, IN	<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"/>
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Person in Charge

Date:

Environmental Health Specialist

Licensors:

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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