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

					r										
Name of facility							Check one		License Number		Date				
LOVYS LOVER INKELT							□ FSO □ RFE		19957		5-7-25				
LOVIS COMP (MOH Address 103 CO MOUN Street							City/State/Zip Code								
License holder							Inspection Time		vel Time	Ci	ategory/Descriptive				
TOE IMANY LAVY							100		20		(55				
Type of Inspection (check all that apply)							<u> </u>		Follow up date (if required) Water sam		Water sample date/result				
☐ Standard ☐ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variar							v 🗆 Follow u	ıp			(if required)				
	Foodbo	orne L	30 Day	☐ Complaint ☐ Pre-licensing ☐ Consultation				***************************************							
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								
Supervision							Time/Temperature Controlled for Safety Food (TCS food)								
1			□ N/A	performs duties	nd	23			Proper date marking and disposition						
2	□IN		OUT N/A Certified Food Protection Manager						Time as a public health of	ontro	ol: procedures & records				
		Employee Health Management, food employees and conditional employees;					DIMA DIM		 	isorv					
3	DIN	DOUT	□ N/A	knowledge, responsibilities and reporting		25	DIN DOL	JT	Consumer advisory provided for raw or undercooked foo						
4		OUT		Proper use of restriction and exclusion		20	□N/A	National Co.		i Oria moveu					
5	□IN	HOUL	□ N/A	Procedures for responding to vomiting and diarrheal ever Good Hygienic Practices	its ,				Highly Susceptible P	opul	ations				
6	□IN	□ OUT	□ N/O		E-17/202	26	□N/A	וע	Pasteurized foods used	; proł	hibited foods not offered				
7	□IN	□ OUT	□ N/O	No discharge from eyes, nose, and mouth					Chemical						
, 1			CONTRACTOR CONTRACTOR	reventing Contamination by Hands	ia ve	27	□IN □ OL	JT	Food additives: approve	ed an	d properly used				
8	DIN	□ 001	□ N/O	Hands clean and properly washed		Ľ	□N/A				1				
9				No bare hand contact with ready-to-eat foods or approvalernate method properly followed	∕ed	28	DIN DOL	JT	Toxic substances proper	ly ide	ntified, stored, used				
	LIVA	14/0		alternate method properly followed				C	onformance with Approx	/ed F	Procedures				
10	□IN	N ☐ OUT ☐ N/A Adequate handwashing facilities supplied & accessible		-3. W.W.W.	29	□IN □OU	JT	Compliance with Reduced Oxygen Packaging, other							
11	□IN	Approved Source ☐ OUT Food obtained from approved source			-	Specialized processes, and HACCP plan			HACCP plan						
		OUT				30	DN/A DN/C	5	Special Requirements: Fres		h Juice Production				
12		□N/O		Food received at proper temperature		31	Special Requirements: Heat 1			Freatment Dispensing Freezers					
13	- energy			Food in good condition, safe, and unadulterated		ļ.	□N/A □ N/O □IN □ OUT				Todamont Disponsing Predates				
14		□N/O	Marie Care	Required records available: shellstock tags, parasite destruction		32			Special Requirements: C	ustor	m Processing				
				Protection from Contamination		33			Special Requirements: B	ulk V	Vater Machine Criteria				
15	□N/A	□ OUT		Food separated and protected											
16	□IN	□OUT □N/O		Food-contact surfaces: cleaned and sanitized		34		JT O	Special Requirements: A Criteria	.cidifie	ed White Rice Preparation				
17	□IN	□OUT		Proper disposition of returned, previously served, reconditioned, and unsafe food		35.	□IN □OU □N/A	ΙT	Critical Control Point Insp	pectic	on				
		Time	/Tempe	rature Controlled for Safety Food (TCS food)	1.	36	□ім □ о∪	ΙΤ	Process Review						
18	□IN □N/A	OUT N/O	-	Proper cooking time and temperatures			ÚN/A		1 700035 NOVIOW						
19	ΠİΙΝ	OUT		Proper reheating procedures for hot holding		37	□IN □ OU □N/A	IT	Variance						
20		OUT		Proper cooling time and temperatures		Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.									
21		□ OUT □ N/O		Proper hot holding temperatures											
22	□ÍN	□ OUT	□N/A	Proper cold holding temperatures		Public health interventions are control measures to prevent foodborne illness or injury.									

State of Ohio

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Name of Facility	1 1	8.1		Type of Inspection	Date									
	LOUIS COLRER A	<u> (l. 11</u>	1	stayaland	5-7-2)								
GOOD RETAIL PRACTICES														
			A CONTRACTOR OF THE STATE OF TH											
	ctices are preventative measures to control the intr													
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 a Safe Food and Water Utensils, Equipment and Vending														
38		54	D U D OUT	Utensils, Equipment and Venc Food and nonfood-contact s designed, constructed, and u	surfaces cleanable	e, pro	perly							
39 □-IN □OUT □N/A	Water and ice from approved source	-		Moreyeahing facilities, in-t-		ınadı	toat							
	ood Temperature Control	55	□ OUT □	strips	ilea, maintainea, o	useu,	iesi							
40	Proper cooling methods used; adequate equipment for temperature control	56	□ IN □ OUT Nonfood-contact surfaces clean											
41		57		Physical Facilities [N/A Hot and cold water available	e; adequate pres	sure								
42	Approved thawing methods used	58	· .	Plumbing installed; proper I	· · · · · · · · · · · · · · · · · · ·									
43 🗆 IN 🗆 OUT 🗆 N/A	Thermometers provided and accurate		□N/A □ N/O											
	Food Identification	59	☑IN □ OUT □	perly disposed										
44 🖾 IN 🗖 OUT	Food properly labeled; original container	60	-⊡ IN □ OUT □	tructed, supplied, c	leane	d								
Previ	Light of Food Contamination	61		N/A Garbage/refuse properly dispo	sed: facilities mair	ntaine	d							
45 🗀 IN 🗆 OUT	Insects, rodents, and animals not present/outer	62	□ JN □ OUT	Physical facilities installed, m										
46 □1N □ OUT	openings protected Contamination prevented during food preparation,	1	□N/A □ N/O	outdoor dining areas										
47	storage & display Personal cleanliness	63	□/IN □ OUT	Adequate ventilation and light	ing; designated are	eas u	sed							
48 DIN DOUT DN/A DN/C		64		IN/A Existing Equipment and Faciliti	es.									
49 🗍 IN 🗆 OUT 🗖 N/A 🗖 N/C				Administrative			100							
50	Proper Use of Utensils In-use utensils: properly stored	65	U TUO UN II	N/A 901:3-4 OAC										
	Utensils, equipment and linens: properly stored, dried,													
51	handled Single-use/single-service articles: properly stored, used		□ IN □ ОПТ ๋□	N/A 3701-21 OAC										
53		\exists												
	Observations and C	Orre	ctive Action	ne			/e							
	Mark "X" in appropriate box for COS and R: COS ≑cor													
Item No. Code Section Price	crity Level Comment	6 452		. ! /		cos	R							
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	- Carlos California		<u> </u>	1 1										
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			27 110 1111112											
·				,										
Person in Charge Date:														
Environmental Health Specialis					<u> </u>									
Environmental Health Specialist Licensor:														
PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL Page of														

HEA 5302B Ohio Department of Health (8/22) AGR 1268 Ohio Department of Agriculture (8/22)