

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

|  |   |                              |   |
|--|---|------------------------------|---|
| Name of facility<br><i>PALESTINE COMMUNITY STORE</i>   | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br><i>115</i> | Date<br><i>5-6-05</i>                                   |
| Address<br><i>102 E CROSS ST</i>   | City/State/Zip Code<br><i>PALESTINE, OH 45552</i>                                 |                              |   |
| License holder<br><i>PALESTINE COMMUNITY STORE</i>   | Inspection Time<br><i>30</i>  | Travel Time<br><i>30</i>     | Category/Descriptive<br><i>CES</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)<br><i>5-6-05</i> |

**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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Person in charge present, demonstrates knowledge, and performs duties                           |  | Proper date marking and disposition  |   |
| 2   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 24   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Certified Food Protection Manager   |  | Time as a public health control: procedures & records  |   |
| <b>Employee Health</b>  |  | <b>Consumer Advisory</b>   |   |
| 3   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 25   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| Management, food employees and conditional employees; knowledge, responsibilities and reporting |  | Consumer advisory provided for raw or undercooked foods  |   |
| 4   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | <b>Highly Susceptible Populations</b>  |   |
| Proper use of restriction and exclusion   |  | 26   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 5   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Pasteurized foods used; prohibited foods not offered   |   |
| Procedures for responding to vomiting and diarrheal events                                      |  | <b>Chemical</b>  |   |
| <b>Good Hygienic Practices</b>  |  | 27   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 6   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | Food additives: approved and properly used   |   |
| Proper eating, tasting, drinking, or tobacco use  |  | 28   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 7   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | Toxic substances properly identified, stored, used   |   |
| No discharge from eyes, nose, and mouth   |  | <b>Conformance with Approved Procedures</b>  |   |
| <b>Preventing Contamination by Hands</b>  |  | 29   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 8   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan  |   |
| Hands clean and properly washed   |  | 30   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 9   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Fresh Juice Production   |   |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed     |  | 31   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 10  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Special Requirements: Heat Treatment Dispensing Freezers   |   |
| Adequate handwashing facilities supplied & accessible   |  | 32   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| <b>Approved Source</b>  |  | Special Requirements: Custom Processing  |   |
| 11  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 33   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Food obtained from approved source  |  | Special Requirements: Bulk Water Machine Criteria  |   |
| 12  | <input checked="" 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            |
| Food received at proper temperature   |  | Special Requirements: Acidified White Rice Preparation Criteria  |   |
| 13  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 35   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| Food in good condition, safe, and unadulterated   |  | Critical Control Point Inspection  |   |
| 14  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 36   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| Required records available: shellstock tags, parasite destruction                               |  | Process Review   |   |
| <b>Protection from Contamination</b>  |  | 37   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 15  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance   |   |
| Food separated and protected  |  | <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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               |  |  |   |
| Proper cooking time and temperatures  |  |  |   |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b>                                   |  |  |   |
| 18  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| Proper reheating procedures for hot holding   |  |  |   |
| 19  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| Proper cooling time and temperatures  |  |  |   |
| 20  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| Proper hot holding temperatures   |  |  |   |
| 21  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| Proper cold holding temperatures  |  |  |   |
| 22  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |  |   |

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|  |                                      |                    |
|--|--------------------------------------|--------------------|
| Name of Facility <u>Palatine Community Store</u> | Type of Inspection <u>Compliment</u> | Date <u>5-6-25</u> |
|--|--------------------------------------|--------------------|

## 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 type="checkbox"/> IN <input type="checkbox"/> OUT   | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 39                               | <input 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 checked="" 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              |   |   | 60                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   | Toilet facilities: properly constructed, supplied, cleaned                            |
| 44                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | Food properly labeled; original container                               | 61                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   | Garbage/refuse properly disposed; facilities maintained                               |
| Prevention of Food Contamination |   |   | 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    |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Insects, rodents, and animals not present/outer openings protected      | 63                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Adequate ventilation and lighting; designated areas used                              |
| 46                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Contamination prevented during food preparation, storage & display      | 64                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   | Existing Equipment and Facilities   |
| 47                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness  | Administrative                  |  |   |
| 48                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Wiping cloths: properly used and stored                                 | 65                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   | 901:3-4 OAC   |
| 49                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Washing fruits and vegetables   | 66                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                   | 3701-21 OAC   |
| 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 checked="" 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 checked="" 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                        |
|----------|--------------|----------------|-------------------------------------|--------------------------|--------------------------|
|          |              |                | <u>Self-inspection @ inspection</u> | <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"/> |
|          |              |                |                                     | <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 <u>[Signature]</u>                | Date: <u>5-6-25</u>          |
| Environmental Health Specialist <u>[Signature]</u> | Licensor: <u>[Signature]</u> |

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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