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

|                      | S Contitue                                |  |                       |  |   |  | License Number                         | —г                        | Date   |  |  |  |  |
|----------------------|---|--|-----------------------|--|---|--|--|---------------------------|--|--|--|--|--|
| Ne                   | ame of facility                           |  | Chec<br>☑ F           |  | •<br>□RFI   | E  | 11/20                                  |                           | (a/) (/) [   |  |  |  |  |
| 181 C 112 () 3       |   |  |                       |  |   | City/State/Zip Code  |  |                           |  |  |  |  |  |
| 498 W Main ST V      |   |  |                       |  |   | Versailles OH 45380  |  |                           |  |  |  |  |  |
| License holder Inspe |   |  |                       |  |   | Trav   | vel Time                               | Cate                      | egory/Descriptive  |  |  |  |  |
| $ \angle $           | NOTENA Bolowagas                          |  |                       |  |   |  | 50                                     |                           | C32  |  |  |  |  |
|                      | Type of Inspection (check all that apply) |  |                       |  |   |  | Follow up date (if required            |                           | Water sample date/result<br>(if required)  |  |  |  |  |
|                      |   | Control Point (FSO) □ Process Review (RFE) □ Varia<br>□ Complaint □ Pre-licensing □ Consultation       | ance Re               | eview  | L) FOII0  | w up   |  |                           | (n required)   |  |  |  |  |
|                      |   |  |                       |  |   | NAME OF THE PARTY  |  |                           |  |  |  |  |  |
|                      |   | FOODBORNE JLLNESS RISK FACTO   | TANK PERSONS AND LAND | 350000000000000000000000000000000000000  | AND COUNTY OF THE PARTY OF THE | COLUMN TO SERVICE SERV |  | A                         |  |  |  |  |  |
| I N                  | Tark designated compli                    | ance status (IN, OUT, N/O, N/A) for each numbered  | item: IN              | l=in d   | omplianc  | e OUT=   |  |                           | served N/A=not applicable  |  |  |  |  |
| in afe               |   | Compliance Status  |                       | Compliance Status Time/Temperature Controlled for Safety Food (TCS: food)  |   |  |  |                           |  |  |  |  |  |
|                      |   | Supervision  Person in charge present, demonstrates knowledge, a                                       | und                   | 1  | DIN D   | THE PARTY OF THE P |  |                           |  |  |  |  |  |
| 1                    | DIN DOUT DN/A                             | performs duties  |                       | 23   | N/A   |  | Proper date marking and                | dispo                     | sition   |  |  |  |  |
| 2                    | DIN DOUT DN/A                             | Certified Food Protection Manager  |                       | 24   |   |  | Time as a public health cor            | ntrol:                    | procedures & records   |  |  |  |  |
| S.W                  |   | Employee Health  Management, food employees and conditional employee                                   | 001                   |  |   | IN/O<br>#/8/* .=# <sub>6.8</sub>   | Consumer Adviso                        | SKV.                      |  |  |  |  |  |
| 3                    | OUT ON/A                                  | knowledge, responsibilities and reporting  | 35,                   | 25   |   | OUT  |  |                           | or raw or undercooked foods  |  |  |  |  |
| 5                    | OUT ON/A                                  | Proper use of restriction and exclusion  Procedures for responding to vomiting and diarrheal eve       | nte                   | 100  | □N7A  |  | <br>                                   |                           | William Control of the Control of th |  |  |  |  |
| 0                    | PEN GOOT DIVA                             | Good Hygienic Practices  | into                  |  | ם אם  | l OUT  |  |                           |  |  |  |  |  |
| 6                    | DIN DOUT ONTO                             | Proper eating, tasting, drinking, or tobacco use   |                       | 26   | □Ŋ/A  |  | Pasteurized foods used; p              | AND DESCRIPTION OF STREET |  |  |  |  |  |
| 7                    | OUT NO                                    | No discharge from eyes, nose, and mouth reventing Contamination by Hands                               |                       |  |   |  | Chemical                               |                           |  |  |  |  |  |
| 8                    | OUT DOUT NO                               |  |                       | 27   |   | OUT  | Food additives: approved               | and                       | properly used  |  |  |  |  |
|                      | □IN □ OUT                                 | No bare hand contact with ready-to-eat foods or approve  |                       | 28,-   | □IN □   | OUT  | Toxic substances properly              | ident                     | fied, stored, used   |  |  |  |  |
| 9                    | □N/A,⊡N/O                                 | alternate method properly followed   |                       | 1,0  |   |  | │<br>onformance with Approve           | d Pr                      | ocedures   |  |  |  |  |
| 10                   | DIN OUT N/A                               | Adequate handwashing facilities supplied & accessible  | €                     | 29   | DIN D   | OUT  | Compliance with Reduced                | 1,45,63                   |  |  |  |  |  |
|                      |   | Approved Source  |                       |  | . ☑N/A  |  | specialized processes, an              | d HA                      | CCP plan   |  |  |  |  |
| 11.                  | OUT OUT                                   | Food obtained from approved source   |                       | 30   | □IN □<br>□N/A □   | OUT<br>N/O   | Special Requirements: Fre              | sh Ju                     | ice Production   |  |  |  |  |
| 12                   | □N/A □Ñ/O                                 | Food received at proper temperature  |                       | 31   |   | OUT  | Special Requirements: Hea              | at Tre                    | eatment Dispensing Freezers  |  |  |  |  |
| 13                   |   | Food in good condition, safe, and unadulterated  Required records available: shellstock tags, parasite |                       |  | 1   | OUT  |  | ·                         |  |  |  |  |  |
| 14                   | BN/A BN/O                                 | destruction  |                       | 32   | N/A   |  | Special Requirements: Cus              | stom                      | Processing   |  |  |  |  |
| A.E.                 | EV BOUT                                   | Protection from Contamination  |                       | 33   | □IN □<br>□N/A □   | LNO  | Special Requirements: Bull             | k Wa                      | ter Machine Criteria   |  |  |  |  |
| 15                   | □N □OUT<br>□N/A □N/O                      | Food separated and protected   |                       | -  | ļ   | ~  |  |                           |  |  |  |  |  |
| 16                   | . □IN □ OUT<br>□N/A □ N/O                 | Food-contact surfaces: cleaned and sanitized   |                       | 34   |   |  | Special Requirements: Acid<br>Criteria | dified                    | White Rice Preparation   |  |  |  |  |
| 17                   | -EIN DOUT                                 | Proper disposition of returned, previously served, reconditioned, and unsafe food                      |                       | 35   | □IN □<br>□Ñ/A   | OUT  | Critical Control Point Inspe           | ction                     |  |  |  |  |  |
|                      | Time/Tempe                                | rature Controlled for Safety Food (TCS food)   |                       | 36   | DIN D   | OUT  | Process Review                         |                           |  |  |  |  |  |
| 18                   | □IN □ OUT<br>□N/A □-N/O                   | Proper cooking time and temperatures   |                       | - ma   | . N/A   |  | Frocess Neview                         |                           |  |  |  |  |  |
| 19                   | □IN □ OUT □N/A □ N/O                      | Proper reheating procedures for hot holding  |                       | 37   | □IN □<br>□NÏA   | OUT  | Variance                               |                           |  |  |  |  |  |
| 20                   | □IN □ QUT                                 | Proper cooling time and temperatures   |                       |  |   |  | l employee behaviors                   |                           |  |  |  |  |  |
| 21                   | □IN □ OUT<br>□N/A ☑ N/O                   | Proper hot holding temperatures  |                       | that are identified as the most significant contributing factors to foodborne illness.  Public health interventions are control measures to prevent foodborne illness or injury. |   |  |  |                           |  |  |  |  |  |
| 22                   | ZÍN 🗆 OUT 🗆 N/A                           | Proper cold holding temperatures   |                       |  |   |  |  |                           |  |  |  |  |  |

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| Name   | F 11ts  | Authority. Chapters 37 17 a  | ina 37        | 15 Onio Revis  |                           |  | T                      |         |                    |  |  |  |  |
|--|---|--|---------------|--|---------------------------|--|------------------------|---------|--------------------|--|--|--|--|
| Name   | e of Facility $Q \circ C$   |  |               |  | A-1-1-1                   | f Inspection<br>dave                                   | Date                   | 16      | ALFER TO           |  |  |  |  |
| 11/  | 1 C DO 3  |  |               |  | 21411                     | aura   | 0/13/0                 | ^)_     |                    |  |  |  |  |
| GOOD RETAIL PRACTICES                              |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
|  | Good Retail Pract   | tices are preventative measures to control the in  | 40.00.4       |  | , chemic                  | cals, and physical obje                                | ects into foods.       |         | Segundo            |  |  |  |  |
| Mar  |   | status (IN, OUT, N/O, N/A) for each numbered item  |               |  |                           |  |                        | plica   | .ble               |  |  |  |  |
|  |   | Safe Food and Water  |               |  | Security Advanced Control | sils, Equipment and Ver                                |                        |         |                    |  |  |  |  |
|  | IN I OUT PRÍA I N/C   | 54   | I II IN I OUT | UT Food and nonfood-contact surfaces cleanable, proj designed, constructed, and used |                           |  |                        |         |                    |  |  |  |  |
| 39   | ☑ÍN □OUT □N/A<br>· Fo   | Water and ice from approved source   | 55            | OUT C  |                           | Varewashing facilities: ins<br>trips                   | italled, maintained, u | ısed; t | est                |  |  |  |  |
| 40   | □ IN □ OUT □N/A □-N/O   | Proper cooling methods used; adequate equipment for temperature control                              | 56            | OUT OUT  | N                         | Nonfood-contact surfaces clean  Physical Facilities    |                        |         |                    |  |  |  |  |
| 41   | O/Mª ©, A/M TUO U O I NI  | Plant food properly cooked for hot holding   | 57            | '-⊡ĨN □ OUT □  | JN/A H                    | lot and cold water availal                             | ble; adequate press    | sure    |                    |  |  |  |  |
| 42   | ☐ IN ☐ OUT ☐N/A ☐ N/O Approved thawing methods used   |  |               | TUOUT  | Р                         | Plumbing installed; proper                             | r backflow devices     |         | -                  |  |  |  |  |
| 43   | □/ÍN □ OUT □N/A   | Thermometers provided and accurate   |               | □N/A □ N/O   |                           |  |                        |         |                    |  |  |  |  |
|  |   | Food Identification  | 59            | e⊡″Ñ □ OUT □   | JN/A S                    | ewage and waste water p                                | roperly disposed       |         |                    |  |  |  |  |
| 44   | □_IN □ OUT  | Food properly labeled; original container  | 60            | . d ÎN □ OUT □   | JN/A T                    | oilet facilities: properly con                         | nstructed, supplied, c | leane   | t                  |  |  |  |  |
| ngingan<br>gajakasa                                | Prever  | ntion of Food Contamination  | 61            | ØÎÑ □ OUT □  | JN/A G                    | A Garbage/refuse properly disposed; facilities maintai |                        |         | t                  |  |  |  |  |
| 45 1   | □ ÎN □ OUT  | Insects, rodents, and animals not present/outer openings protected                                   | 62            | 2 21Ñ □ OUT  |                           | hysical facilities installed, utdoor dining areas      | maintained, and clea   | n; dog  | ıs in              |  |  |  |  |
| 46 .1  | DÍN □ OUT   | Contamination prevented during food preparation,   |               | □N/A □ N/O   |                           | atdoor diffiling areas                                 |                        |         |                    |  |  |  |  |
|  | □·ÍN □ OUT □N/A   | storage & display Personal cleanliness   | <b>─</b>      | B □ÎÑ □ OUT  | A                         | dequate ventilation and lig                            | jhting; designated are | eas us  | sed                |  |  |  |  |
| 1  | IN I OUT IN/A IJ-N/O  | <u> </u>   | 64            | D'IN OUT E   | JN/A E                    | xisting Equipment and Facil                            | lities                 |         |                    |  |  |  |  |
| 49 <b>[</b>  | □ IN □ OUT □N/A,□ Ñ/O   |  |               |  |                           | Administrative   |                        |         | Helmer<br>Transfer |  |  |  |  |
| 50 [   |   | Proper Use of Utensils   | 65            |  | JN/Å 90                   | 01:3-4 OAC   |                        |         |                    |  |  |  |  |
| 1  | ☐-IÑ ☐ OUT ☐N/A ☐ N/O In-use utensils: properly stored  Utensils, equipment and linens: properly stored, dried, |  |               | Manife.  |                           |  |                        |         |                    |  |  |  |  |
|  | ZÍN DOUT DN/A   | handled  | 66            | DIN OUT C  | JN/A 3                    | 701-21 OAC   |                        |         |                    |  |  |  |  |
|  | IN OUT ON/A ON/O  | Single-use/single-service articles: properly stored, use Slash-resistant, cloth, and latex glove use |               |  |                           |  |                        |         |                    |  |  |  |  |
|  |   | Observations and   | Corre         | ctive Actio  | ns                        |  |                        |         | Saria -            |  |  |  |  |
| Item I   | No.   Code Section   Prior  | Mark "X" in appropriate box for COS and R; COS=c<br>rity Level │ Comment                             | orrected      | on-site during insp  | pection F                 | t=repeat violation                                     |                        |         |                    |  |  |  |  |
| 54   | UUA A   | 16 Observed dumage   | 1 e           | pul Die  | 13 00                     | SE E   |                        | cos     | R<br>s*            |  |  |  |  |
| 0,1 /  | 1.171-17  | Chistion Gamaye  | Z( .3 )       | CAL DIA  |                           | 0700   |                        |         |                    |  |  |  |  |
|  |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
|  |   |  |               |  |                           | . ,  |                        |         |                    |  |  |  |  |
|  |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
|  |   |  |               | war.   |                           |  |                        |         |                    |  |  |  |  |
|  | × .   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
|  |   |  | •             |  |                           | <u> </u>   |                        |         |                    |  |  |  |  |
| V.   |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
|  |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
|  |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
|  |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
|  |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
|  |   | 2  |               |  |                           |  |                        |         |                    |  |  |  |  |
|  | , ,   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
| Person in Charge Date: Date: 6.25.25               |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
| Environmental Health Specialist  Licensor:         |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
| Mattex apply DCGHD                                 |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |
| PRIORITY EVEL C= ERITICAL NC= NON-CRITICAL Page of |   |  |               |  |                           |  |                        |         |                    |  |  |  |  |

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