

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

Name of facility <i>SUB # 78</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>256</i>	Date <i>6-23-05</i>
Address <i>2001 Ross Rd</i>	City/State/Zip Code <i>Warren, OH 45331</i>		
License holder <i>SUB LLC</i>	Inspection Time <i>60</i>	Travel Time <i>10</i>	Category/Descriptive <i>23</i>
Type of Inspection (check all that apply) <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 <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																																																																																																							
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previously served, reconditioned, and unsafe food</td> </tr> <tr> <td colspan="2" style="background-color: #cccccc;">Time/Temperature Controlled for Safety Food (TCS food)</td> </tr> <tr> <td>18</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures</td> </tr> <tr> <td>19</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding</td> </tr> <tr> <td>20</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures</td> </tr> <tr> <td>21</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures</td> </tr> <tr> <td>22</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures</td> </tr> </tbody> </table>	Compliance Status		Supervision		1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties	2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager	Employee Health		3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; 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