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

| Name of facility C | | | | Check one | | | License Number | | Date | | | | |
|---|--|--|--|---|---------------------------------------|---------|---|------------------------------|------------------------------|--|--|--|--|
| Na | Let \mathcal{L} be a substitute \mathcal{L} and \mathcal{L} | | | ☐ FSO □ RFE | | | 3100 | | (0-23-7) | | | | |
| Address | | | - | City/State/Zip Code | | | | | | | | | |
| 301 G CHAA CHAYOL | | | | Arm City of the Service | | | | | | | | | |
| C YIVI SICEN | | | | ctio | n Time | Tra | vel Time | Ca | ategory/Descriptive | | | | |
| Spark SMICH | | | | y. | $\langle \cdot \rangle$ | '' | | | | | | | |
| Type of Inspection (check all that apply) | | | | ١,, | · · · · · · · · · · · · · · · · · · · | | Follow up date (if required | (L) | Water sample date/result | | | | |
| ☐ Standard ☐ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variance F | | | | | / 🗆 Follow u | qı | , , , | • | (if required) | | | | |
| 닏 | Foodborne 🗆 30 Day | □ Complaint □ Pre-licensing □ Consultation | | | | | | | | | | | |
| | FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | | | | | | | | |
| M | 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 | | | | | | | | | | | | |
| SAMPLES | | Compliance Status | | Compliance Status | | | | | | | | | |
| | Supervision | | | Time/T | | | emperature Controlled for Safety Food (TCS food) | | | | | | |
| 1 | ,⊡IN □OUT□N/A | Person in charge present, demonstrates knowledge, a performs duties | and | 23 | N/A D N/ | (O | Proper date marking and | dis | position | | | | |
| 2 | DIN DOUT DN/A | Certified Food Protection Manager Employee Health | | 24 | | | Time as a public health co | ntro | l: procedures & records | | | | |
| | | Management, food employees and conditional employee | es; | | | | Consumer Advis | ory | | | | | |
| 3 | □IN □OUT □ N/A | knowledge, responsibilities and reporting | | 25 DIN DOU | | UT | Consumer advisory providence | for raw or undercooked foods | | | | | |
| 5 | OIN OUT N/A | Proper use of restriction and exclusion Procedures for responding to vomiting and diarrheal eve | nts | 27 | □N/A | ist ray | | ชน์โ | allons | | | | |
| | A STATE OF THE PARTY OF THE PAR | Good Hygienic Practices | | | | UT | Pasteurized foods used; | | | | | | |
| 6 | DIN DOUT DN/O | | | 26 | □ N/A | 30.5 | Chemical | · | | | | | |
| | No wise earlier and a state of the state of | reventing Contamination by Hands | | | □IN □ OL | UT | | MINNINE | | | | | |
| 8 | DIN DOUT NO | Hands clean and properly washed | | 27 | □N/A | | Food additives: approved | an | d properly used | | | | |
| 9 | □IN □ OUT | No bare hand contact with ready-to-eat foods or approalternate method properly followed | oved | 28 | DIN DOL | IJΤ | Toxic substances properly | ide | ntified, stored, used | | | | |
| | | | | | 12.62 PM | ¢ | onformance With Approve | d F | Procedures | | | | |
| 10 | OUT N/A | Adequate handwashing facilities supplied & accessible Approved Source | A STATE OF THE PARTY OF THE PAR | 29 | □N/A | JT | Compliance with Reduced specialized processes, ar | | | | | | |
| 11 | ,⊡IN □OUT | Food obtained from approved source | 18.50.915 18.50.915 | 30 | DIN DOL | JT | | | | | | | |
| 12 | □IN □OUT □N/A ⊡N/O | Food received at proper temperature | , | 50 | N/A D N/ | | Special Requirements: Fre | | Juice Production | | | | |
| 13 | | Food in good condition, safe, and unadulterated | | 31 | | | Special Requirements: He | at T | reatment Dispensing Freezers | | | | |
| 14 | □IN □OUT □N/A □N/O | Required records available: shellstock tags, parasite destruction | | 32 | □IN □OU □N/A □ N/O□ | | Special Requirements: Cu | stor | n Processing | | | | |
| | Lew eour | Protection from Contamination | | 33 | | | Special Requirements: Bu | lk W | /ater Machine Criteria | | | | |
| 15 | □N/A □N/O | Food separated and protected | | - | JANE TO | | | | 1112 | | | | |
| 16 | □IN □OUT □N/A □N/O | Food-contact surfaces: cleaned and sanitized | | 34 | | | Special Requirements: Ac Criteria | idifie | ed White Rice Preparation | | | | |
| 17 | DIN DOUT | Proper disposition of returned, previously served, reconditioned, and unsafe food | | 35 | □IN □OU □N/A | JT | Critical Control Point Inspe | ectic | on . | | | | |
| | | rature Controlled for Safety, Food (TCS food) | | 36 | | JT | Process Review | | | | | | |
| 18 | □N/A □ N/O | Proper cooking time and temperatures | | - | □IN □OF | IT. | | | | | | | |
| 19 | □IN □ OUT □N/A □ N/O | Proper reheating procedures for hot holding | | 37 | □N/A | | Variance | | | | | | |
| 20 | □IN □ OUT □ÎÑ/A □ N/O | 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. Public health interventions are control measures to prevent foodborne illness or injury. | | | | | | | | | |
| 21 | □IN □ OUT □N/A □ N/O | Proper hot holding temperatures | | | | | | | | | | | |
| 22 | DIN DOUT N/A | Proper cold holding temperatures | | | | | | | | | | | |

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| $1 \qquad \qquad 1 \times \wedge \cdot \wedge \wedge \wedge \wedge \wedge \wedge \wedge \wedge \wedge$ | Type of Inst | | Date | *** | | | | | | | | | |
|--|--|--|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| SMMO SOURCE SON & CORE | 13K 1K | NOK | CC 23. | 2) | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| | Food | and nonfood-contact su | | nroperly | | | | | | | | | |
| 38 D IN D OUT DN/A D N/O Pasteurized eggs used where required 54 D IN D | | designed, constructed, and used | | | | | | | | | | | |
| 39 ☐ IN ☐ OUT ☐ N/A Water and ice from approved source 55 ☐ IN ☐ | | Warewashing facilities: installed, maintained, used; test strips | | | | | | | | | | | |
| Food Temperature Control | | Nonfood-contact surfaces clean | | | | | | | | | | | |
| 40 DIN DOUT DN/A DN/O Proper cooling methods used; adequate equipment for temperature control | FOR A DESCRIPTION OF THE PROPERTY OF THE PROPE | Physical Facilities | | | | | | | | | | | |
| 41 ☐ IN ☐ OUT ☐ N/A ☐ N/O Plant food properly cooked for hot holding 57 ☐ IN ☐ | | Hot and cold water available; adequate pressure | | | | | | | | | | | |
| 42 □ IN □ OUT □N/A □ N/O Approved thawing methods used 58 □ IN □ | JOUT Plumb | ing installed; proper ba | ackflow devices | * | | | | | | | | | |
| 43 ☐ ÍN ☐ OUT ☐N/A Thermometers provided and accurate ☐N/A ☐ | | among matalica, propor backlow devices | | | | | | | | | | | |
| | ☐ OUT ☐N/A Sewag | and waste water prep | adv. diananad | W | | | | | | | | | |
| | | Sewage and waste water properly disposed Toilet facilities: properly constructed, supplied, cleaned | | | | | | | | | | | |
| 1 to de propony labored, original contained | | * | | | | | | | | | | | |
| 100 distribution of 300 Confidential of the second | | ge/refuse properly dispos | | | | | | | | | | | |
| 45 ☐ IN ☐ OUT Insects, rodents, and animals not present/outer openings protected 62 ☐ IN ☐ | outdoo | al facilities installed, mai r dining areas | intained, and clean | ; dogs in | | | | | | | | | |
| 46 ☐ IN ☐ OUT Contamination prevented during food preparation, |] N/O | | | | | | | | | | | | |
| storage & display 47 □ IN □ OUT □ N/A Personal cleanliness | OUT Adequa | ate ventilation and lightir | ng; designated area | as used | | | | | | | | | |
| 48 | OUT N/A Existing | g Equipment and Facilitie | S | *** | | | | | | | | | |
| 49 ☐ IN ☐ OUT ☐ N/A ☐ N/O Washing fruits and vegetables | | Administrative | | | | | | | | | | | |
| Proper Use of Utensils | | CONTRACTOR OF THE CONTRACTOR O | | | | | | | | | | | |
| 50 JIN II OUT IIN/A II N/O In-use utensils: properly stored 65 IIN II | OUT 🛄 N/A 901:3-4 | 4 OAC | | | | | | | | | | | |
| 51 ☐ IN ☐ OUT ☐N/A Utensils, equipment and linens: properly stored, dried, handled 66 ☐ IN ☐ |] OUT □N/A 3701-2 | 21 OAC | | | | | | | | | | | |
| 52 NN OUT N/A Single-use/single-service articles: properly stored, used | | | | | | | | | | | | | |
| 53 | #* | | | | | | | | | | | | |
| Observations and Corrective | | | | | | | | | | | | | |
| Mark "X" in appropriate box for COS and R: COS=corrected on-site du Item No. Code Section Priority Level Comment | iring inspection: R =rep | eat violation | | os R | | | | | | | | | |
| | | S 23 | | OS R | | | | | | | | | |
| SCALOR CHACKET | 1 175P | K(+ION) | | | | | | | | | | | |
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| Person in Charge Date: | | | | | | | | | | | | | |
| 1611, Wednesday 1143/1045 | | | | | | | | | | | | | |
| Environmental Health Specialist Licensor: | | | | | | | | | | | | | |
| PRIORITY I EVEL CO ORITION NO NON ORITION | | | | | | | | | | | | | |

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL Page____ of____

Name of Facility