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

r			* A 100 M 10	Lieuwa Manukan 1994									
Name of facility CI						='		License Number		Date			
COSC MIDIMI						□ RFE				(1.7.2)			
						City/State/Zip Code							
5373 840Cdu Co 1 5000 104 (						Coverno 12. OH 4533/							
						pection Time		ravel Time		Category/Descriptive			
, were ?, want						15		<u> </u>	ı	7 65			
Type of Inspection (check all that apply)						1 -2		Follow up date (if required	<u></u>	Water sample date/result			
	Standard	Control Point (FSO) ☐ Process Review (RFE) ☐ Varia	nce Rev	∕iew	☐ Follow up	р	Tonow up date (ii required	"	(if required)				
	Foodborn	ne 🛚 30 Day	☐ Complaint ☐ Pre-licensing ☐ Consultation		***								
EOODBORNE HUNESS DISK FACTORS AND DURING HEAVEN DEPOSITIONS													
N /	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												
IV	ark desig	gnated compil	Compliance Status	em: IN=									
			Supervision		Compliance Status  Time/Temperature Controlled for Safety Food (TCS food)								
		Person in charge present demonstrates knowledge and				□IN □ OU			1 000 (1 C3 (000)				
1	L LIN L	⊒ OUT □ N/A	performs duties	, I	23   N/A   N/			Proper date marking and disposition					
2		□ TUO □ N/A	Certified Food Protection Manager		24	□IN □ OU		Time as a public health cor	ntrol	nrocedures & rocords			
			Employee Health			☑N/A □ N/C	)			procedures & records			
3	□IN □	∃OUT □ N/A	Management, food employees and conditional employees knowledge, responsibilities and reporting	s;		ши пол	(AC)	Consumer Adviso	ory				
4	ZIN D	□OUT □ N/A	Proper use of restriction and exclusion		25 DIN DOU		11	Consumer advisory provided for raw or undercoo		for raw or undercooked foods			
5		OUT N/A	Procedures for responding to vomiting and diarrheal even	ts				Highly Susceptible Po	pula	tions			
			Good Hyglenic Practices			□IN □ OU	ΙΤ	Pasteurized foods used; p	arobi	hited foods not offered			
6	<del></del>	OVI U N/O			26	□ N/A	Elonida.		7 0111	bited loods het ollered			
7		O/N   TUO   d	No discharge from eyes, nose, and mouth reventing Contamination by Hands		ile,			Chemical					
0		J OUT □ N/O			27	□IN □ OU □N/A	T	Food additives: approved	and	properly used			
8	LAIN L	1001 111/0	Hands clean and properly washed					V					
9	.⊟IN □	JOUT	No bare hand contact with ready-to-eat foods or approve alternate method properly followed	/ed	28	□IN □ OU ☑Ñ/A	Toxic substances properly identified, stor		tified, stored, used				
	□N/A□	⊒ N/O		1020			^	anformana with Anarosa	a 6				
10		□ OUT □ N/A Adequate handwashing facilities supplied & accessible			O DIN DOUT			Conformance with Approved Procedures  Compliance with Reduced Oxygen Packaging, other					
		Approved Source			29 N/A specialized processes, and HACCP pla			ACCP plan					
11	DIN D	TUOL	Food obtained from approved source		36	□IN □OU		Special Requirements: Fre	eh I	uice Production			
12		∃OUT	Food received at proper temperature			□N/A □ N/C		Special Requirements: 110		——————————————————————————————————————			
13			Food in good condition, safe, and unadulterated		31			Special Requirements: Heat Treatment Dispensing Freezer					
14	□ĺN □	JOUT	Required records available: shellstock tags, parasite	<b>  </b>	-7	DIN DOU				<b>D</b>			
14	□N/A □	JN/O	destruction		32	□N/A □ N/C		Special Requirements: Cus	3tom	Processing			
			Protection from Contamination	7517	33	□IN □OU		Special Requirements: Bul	k W:	ater Machine Criteria			
15			Food separated and protected			□N/A □ N/C	)	, , , , , , , , , , , , , , , , , , , ,					
					34	DIN DOU		Special Requirements: Acid	difie	d White Rice Preparation			
16	□N/A □		Food-contact surfaces: cleaned and sanitized			□N/A □ N/C		Criteria					
17	□IN □	TUOL	Proper disposition of returned, previously served,		35	□IN □OU	Т	Critical Control Point Inspe	ction	1			
ASTE:	ma Tagaran desam	Time/Tempe	reconditioned, and unsafe food rature Controlled for Safety Food (TCS food)	Michael e		□N/A							
W152		TO The second second second second			36	□IN □OU <sup>.</sup>	I	Process Review					
18	N/A	1 N/O	Proper cooking time and temperatures			N □OU	т			-			
19		OUT	Proper reheating procedures for het holding			DN/A		Variance					
וט	□N/A □	] N/O	Proper reheating procedures for hot holding					-1					
20			Proper cooling time and temperatures		Risk factors are food preparation practices and employee behaviors								
_	□N/A □		and an arrangement				d employee behaviors buting factors to						
21			Proper hot holding temperatures			oodborne illness.				J			
		- IV/O	4.		Pu	blic health	inte	rventions are control me	eası	ures to prevent foodborne			
22	Jain c	OUT IN/A	Proper cold holding temperatures		illness or injury.								

## State of Ohio

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Type of Inspection

Date

	1 3 1	JOHN MINUL			Machine Com	4	<u>)                                    </u>					
		GOOD RETAIL	PRAC	TICES								
		ices are preventative measures to control the intr				Aced wide in	<u> </u>					
Mark designat		status (IN, OUT, N/O, N/A) for each numbered item:	IN=in com			applica	able					
politicade i differentiale.		Safe Food and Water		u Ut	ensils, Equipment and Vending							
/	UT 🗆 N/A 🗆 N/O	Pasteurized eggs used where required	54 E	IN □ OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used							
39   IN   O	attorica entiferantal Gualescena occ	Water and ice from approved source	55 [	 IN □ OUT □N/A	Warewashing facilities: installed, maintained, used; test							
	Fo	od Temperature Control	56 7	strips  56 □ IN □ OUT Nonfood-contact surfaces clean								
40   IN   OL	JT 🗆 N/A 🔲 N/O	Proper cooling methods used; adequate equipment for temperature control	30 12	Physical Facilities								
41 🗆 IN 🗆 OL	JT 🗆 N/A 🗆 N/O	Plant food properly cooked for hot holding	57 √⊑	57 IN OUT NA Hot and cold water available; adequate pr								
42 🗆 IN 🗆 OL	JT 🗆 N/A 🗀 N/O	Approved thawing methods used	4 1 1	IN DOUT	Plumbing installed; proper backflow device	s						
43 🖾 ÎN 🗆 OL	JT 🔲 N/A	Thermometers provided and accurate		JN/A □ N/O								
		Food Identification	59 [	A/N D TUO D NI È	Sewage and waste water properly disposed							
44 □'ÍN □ OL	JT	Food properly labeled; original container	60 E	IN OUT ON/A	Toilet facilities: properly constructed, supplied, cleaned							
	Preven	ition of Food Contamination	61 0	JIN 🗆 OUT 🗆 N/A	Garbage/refuse properly disposed; facilities maint							
45   IN   OL	JT	Insects, rodents, and animals not present/outer openings protected	62 E	J·IN □ OUT	Physical facilities installed, maintained, and cl	ean; do	gs in					
46 🗆 IN 🗆 OL	JT	Contamination prevented during food preparation,		JN/A □ N/O	outdoor dining areas							
47 🔲 IN 🗆 OL	JT □N/A	storage & display Personal cleanliness	63	TUO □ NI □	Adequate ventilation and lighting; designated	areas u	sed					
	JT □N/A □ N/O	Wiping cloths: properly used and stored	64 [	□ IN □ OUT □N/A	Existing Equipment and Facilities							
49   □ IN □ OL	JT 🗆 N/A 🔲 N/O	Washing fruits and vegetables			Administrative							
50   IN   OL	JT	Proper Use of Utensils In-use utensils: properly stored	65 0	IN □ OUT □N/A	901:3-4 OAC							
<del></del>		Utensils, equipment and linens: properly stored, dried,	-     <u>-</u>	/								
51 DIN D'OL		handled	66 0	JIN' 🗆 OUT 🔲 N/A	3701-21 OAC		-					
52	JT 🔲 N/A 🔲 N/O	Single-use/single-service articles: properly stored, used Slash-resistant, cloth, and latex glove use	1									
		Observations and (	Correct	tive Actions			e fra					
That the sales to		Mark "X" in appropriate box for COS and R: COS=cor			R=repeat ∨iolation							
Item No. Code	Section Priori	ity Level Comment	11.		70 5 87 NOVA	cos	R					
	1.6.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	121	( (	CE GO, PK INC. ICC	-						
5.01	- N A	JC 500 2100 70-150		S(r ( 1 ( r	100 0 10010							
		TO ALL MEDICAL	A PRICE FOR CONTRACTOR CONTRACTOR									
		CITAL COLOR										
				N 01.	THE CALL OF I							
		THE CHINE OF THE CHOICE										
Person in Charg	Date: O / 1 2 / 1											
onary	70	Jerry Conway Date: 9/17/25										
Environmental Health Speciálist  Licensor:												
DDIODITY I		CRITICAL NO NON CRITICAL				7						

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

Page\_\_\_\_ of\_\_\_\_

Name of Facility