

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

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|---|---|------------------------------|--|
| Name of facility <i>Wolgreen's #10377</i> | Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number <i>721</i> | Date <i>7-28-20</i> |
| Address <i>1000 E Main Street</i> | City/State/Zip Code <i>Columbus OH 43261</i> | | |
| License holder <i>Wolgreen's Co</i> | Inspection Time <i>3:30</i> | Travel Time <i>5</i> | Category/Descriptive <i>C15</i> |
| Type of Inspection (check all that apply) <input checked="" 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

| Compliance Status | | Compliance Status | |
|---|---|--|---|
| Supervision | | Time/Temperature Controlled for Safety Food (TCS food) | |
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties | 23 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition |
| 2 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager | 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records |
| Employee Health | | Consumer Advisory | |
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting | 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion | Highly Susceptible Populations | |
| 5 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events | 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered |
| Good Hygienic Practices | | Chemical | |
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use | 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used |
| 7 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth | 28 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used |
| Preventing Contamination by Hands | | Conformance with Approved Procedures | |
| 8 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed | 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 9 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production |
| 10 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible | 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers |
| Approved Source | | 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing |
| 11 | <input type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source | 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature | 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria |
| 13 | <input type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated | 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction | 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Process Review |
| Protection from Contamination | | 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance |
| 15 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected | <p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p> | |
| 16 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <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 | | |
| Time/Temperature Controlled for Safety Food (TCS food) | | | |
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures | | |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding | | |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures | | |
| 21 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures | | |
| 22 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures | | |

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

| | | |
|--|---|------------------------|
| Name of Facility <i>Wagons #10577</i> | Type of Inspection <i>Short-term</i> | Date <i>7-28-05</i> |
|--|---|------------------------|

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 | |
| 39 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Water and ice from approved source | |
| Food Temperature Control | | Physical Facilities | |
| 40 | <input 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 | 54 |
| 41 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plant food properly cooked for hot holding | 55 |
| 42 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Approved thawing methods used | 56 |
| 43 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Thermometers provided and accurate | 57 |
| Food Identification | | Sewage and waste water properly disposed | |
| 44 | <input type="checkbox"/> IN <input type="checkbox"/> OUT | Food properly labeled; original container | 58 |
| Prevention of Food Contamination | | Toilet facilities: properly constructed, supplied, cleaned | |
| 45 | <input type="checkbox"/> IN <input type="checkbox"/> OUT | Insects, rodents, and animals not present/outer openings protected | 59 |
| 46 | <input type="checkbox"/> IN <input type="checkbox"/> OUT | Contamination prevented during food preparation, storage & display | 60 |
| 47 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Personal cleanliness | 61 |
| 48 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Wiping cloths: properly used and stored | 62 |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Washing fruits and vegetables | 63 |
| Proper Use of Utensils | | Adequate ventilation and lighting; designated areas used | |
| 50 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | In-use utensils: properly stored | 64 |
| 51 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Utensils, equipment and linens: properly stored, dried, handled | 65 |
| 52 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Single-use/single-service articles: properly stored, used | 66 |
| 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 | |
| Administrative | | | |
| | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 901:3-4 OAC | |
| | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 3701-21 OAC | |

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 |
|----------|--------------|----------------|----------------------------------|--------------------------|--------------------------|
| | | | <i>Satisfactory @ inspection</i> | <input type="checkbox"/> | <input type="checkbox"/> |
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|---|--------------------------|
| Person in Charge <i>Betty Jenkins</i> | Date: <i>7-28-05</i> |
| Environmental Health Specialist <i>[Signature]</i> | Licensor: <i>DCID</i> |

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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