

State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>60161 (and 51-017)</i>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1068</i>	Date <i>11-20-23</i>
Address <i>512 (and 51-017)</i>		City/State/Zip Code <i>CORONATION, OH 44231</i>		
License holder <i>NOVIGE C. CHAPMAN</i>		Inspection Time <i>6:00</i>	Travel Time <i>15</i>	Category/Descriptive <i>FOOD</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				
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 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		Consumer Advisory		
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, food employees and conditional employees; knowledge, responsibilities and reporting		
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion		
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices		Highly Susceptible Populations		
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use		
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands		Chemical		
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed		
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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		
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible		
Approved Source		Conformance with Approved Procedures		
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source		
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature		
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated		
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		
Protection from Contamination		Time/Temperature Controlled for Safety Food (TCS food)		
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected		
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 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)		Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.		
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
		Public health interventions are control measures to prevent foodborne illness or injury.		

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Name of Facility	Calvary	Type of Inspection	Initial
			Date

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					
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		
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		
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Approved thawing methods used		
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Thermometers provided and accurate		
Food Identification					
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT		Food properly labeled; original container		
Prevention of Food Contamination					
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT		Insects, rodents, and animals not present/outer openings protected		
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Contamination prevented during food preparation, storage & display		
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Personal cleanliness		
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		
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Washing fruits and vegetables		
Proper Use of Utensils					
50	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		In-use utensils: properly stored		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Utensils, equipment and linens: properly stored, dried, handled		
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Single-use/single-service articles: properly stored, used		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Slash-resistant, cloth, and latex glove use		
Physical Facilities					
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Warewashing facilities: installed, maintained, used; test strips		
56	<input type="checkbox"/> IN <input type="checkbox"/> OUT		Nonfood-contact surfaces clean		
Physical Facilities					
57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Hot and cold water available; adequate pressure		
58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Plumbing installed; proper backflow devices		
59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Sewage and waste water properly disposed		
60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Toilet facilities: properly constructed, supplied, cleaned		
61	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Garbage/refuse properly disposed; facilities maintained		
62	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas		
63	<input type="checkbox"/> IN <input type="checkbox"/> OUT		Adequate ventilation and lighting; designated areas used		
64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Existing Equipment and Facilities		
Administrative					
65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		901:3-4 OAC		
66	<input checked="" 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

Person in Charge

Date:

Environmental Health Specialist

Licensor:

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL