

State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Greenville Rural King</i>		Check one <input type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>788</i>	Date <i>10/18/25</i>																																																																																																																																																						
Address <i>695 Wausau Ave</i>		City/State/Zip Code <i>Greenville OH 48331</i>																																																																																																																																																								
License holder <i>RK Holdings</i>		Inspection Time <i>90</i>	Travel Time <i>5</i>	Category/Descriptive <i>(1)</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																																																																																																																																																										
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Compliance Status</th> <th colspan="3" style="text-align: center;">Compliance Status</th> </tr> <tr> <th colspan="2" style="text-align: center;">Supervision</th> <th colspan="3" style="text-align: center;">Time/Temperature Controlled for Safety Food (TCS food)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td colspan="3">Person in charge present, demonstrates knowledge, and performs duties</td> </tr> <tr> <td style="text-align: center;">2</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td colspan="3">Certified Food Protection Manager</td> </tr> <tr> <td colspan="5" style="text-align: center;">Employee Health</td> </tr> <tr> <td style="text-align: center;">3</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td colspan="3">Management, food employees and conditional employees; knowledge, responsibilities and reporting</td> </tr> <tr> <td style="text-align: center;">4</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td colspan="3">Proper use of restriction and exclusion</td> </tr> <tr> <td style="text-align: center;">5</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td colspan="3">Procedures for responding to vomiting and diarrheal events</td> </tr> <tr> <td colspan="5" style="text-align: center;">Good Hygienic Practices</td> </tr> <tr> <td style="text-align: center;">6</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O</td> <td colspan="3">Proper eating, tasting, drinking, or tobacco use</td> </tr> <tr> <td style="text-align: center;">7</td> <td><input type="checkbox"/> IN <input 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State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility	Type of Inspection	Date
Great Northern Royal Farms	Sanitarian	12/18/25

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

Person in Charge

Date:

Environmental Health Specialist

Licensor:

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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