

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

Name of facility <i>315 Brew & Grill</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>165</i>	Date <i>11/16/15</i>
Address <i>1495 Wagner Ave</i>	City/State/Zip Code <i>Greenville, OH 45331</i>		
License holder <i>New Greenville Enterprise</i>	Inspection Time <i>80</i>	Travel Time <i>10</i>	Category/Descriptive <i>C45</i>
Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" 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			
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager		
Employee Health			
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion		
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
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			
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/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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible		
Approved Source			
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			
15 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected		
16 <input checked="" 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 checked="" 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 checked="" 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 checked="" 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		
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.			

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Name of Facility	J's Bistro & Grill		Type of Inspection	Standard	Date	11/6/25
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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 checked="" type="checkbox"/>	<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
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 checked="" type="checkbox"/>	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Approved thawing methods used
43	<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A		Thermometers provided and accurate
Food Identification			Administrative		
44	<input type="checkbox"/> IN	<input type="checkbox"/> OUT			Food properly labeled; original container
Prevention of Food Contamination			65		
45	<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT		<input type="checkbox"/> IN	Insects, rodents, and animals not present/outer openings protected
46	<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT		<input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display
47	<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	Personal cleanliness
48	<input checked="" type="checkbox"/>	<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			66		
50	<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	In-use utensils: properly stored
51	<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A		Utensils, equipment and linens: properly stored, dried, handled
52	<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A		Single-use/single-service articles: properly stored, used
53	<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use

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
11735	5.1.0	C	Observed cleaning pad in handsink by 3 compartment sink. Removed during inspection	<input type="checkbox"/>	<input type="checkbox"/>
11735	3.2	C	Observed eggs stored above butter milk PIC corrected during inspection	<input type="checkbox"/>	<input type="checkbox"/>
			Critical Control Point Inspection	<input type="checkbox"/>	<input type="checkbox"/>
			III Preventing Contamination by hands	<input type="checkbox"/>	<input type="checkbox"/>
11735	5.1.0	C	Observed cleaning pad in handsink by 3 compartment. Removed during inspection	<input type="checkbox"/>	<input type="checkbox"/>
			III Protection from Contamination	<input type="checkbox"/>	<input type="checkbox"/>
11735	3.2	C	Observed eggs stored above butter milk PIC corrected during inspection	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge

Sam Brady
Environmental Health Specialist
Maryann

Date:

11/6/25

Licensor:

DC AD

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL