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

| Name of facility | Check one | License Number | Date |
|---|---|---|---|
| Las Marias Mexican Grill | ☑FSO ☐ RFE | 186 | 12/1/25 |

| Address | City/State/Zip Code |
|---|---|
| 1160 Russ Rd | Greenville OH 45331 |

| License holder | Inspection Time | Travel Time | Category/Descriptive |
|---|---|---|---|
| Javier Munoz | 60 | 10 | C4S |

Type of Inspection (check all that apply)
☑ Standard  ☑ Critical Control Point (FSO)  ☐ Process Review (RFE)  ☐ Variance Review  ☐ Follow up
☐ Foodborne  ☐ 30 Day  ☐ Complaint  ☐ Pre-licensing  ☐ 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

**Supervision**

| # | Status | Item |
|---|---|---|
| 1 | ☑IN ☐ OUT ☐ N/A | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | ☑IN ☐ OUT ☐ N/A | Certified Food Protection Manager |

**Employee Health**

| # | Status | Item |
|---|---|---|
| 3 | ☑IN ☐OUT ☐ N/A | Management, food employees and conditional employees; knowledge, responsibilities and reporting |
| 4 | ☑IN ☐ OUT ☐ N/A | Proper use of restriction and exclusion |
| 5 | ☑IN ☐OUT ☐ N/A | Procedures for responding to vomiting and diarrheal events |

**Good Hygienic Practices**

| # | Status | Item |
|---|---|---|
| 6 | ☑IN ☐ OUT ☐ N/O | Proper eating, tasting, drinking, or tobacco use |
| 7 | ☑IN ☐ OUT ☐ N/O | No discharge from eyes, nose, and mouth |

**Preventing Contamination by Hands**

| # | Status | Item |
|---|---|---|
| 8 | ☑IN ☐ OUT ☐ N/O | Hands clean and properly washed |
| 9 | ☑IN ☐ OUT ☐N/A ☐ N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |
| 10 | ☑IN ☐ OUT ☐ N/A | Adequate handwashing facilities supplied & accessible |

**Approved Source**

| # | Status | Item |
|---|---|---|
| 11 | ☑IN ☐OUT | Food obtained from approved source |
| 12 | ☐IN ☐OUT ☐N/A ☐N/O | Food received at proper temperature |
| 13 | ☑IN ☐OUT | Food in good condition, safe, and unadulterated |
| 14 | ☐IN ☐OUT ☐N/A ☐N/O | Required records available: shellstock tags, parasite destruction |

**Protection from Contamination**

| # | Status | Item |
|---|---|---|
| 15 | ☐IN ☑OUT ☐N/A ☐N/O | Food separated and protected |
| 16 | ☑IN ☐OUT ☐N/A ☐N/O | Food-contact surfaces: cleaned and sanitized |
| 17 | ☑IN ☐OUT | Proper disposition of returned, previously served, reconditioned, and unsafe food |

**Time/Temperature Controlled for Safety Food (TCS food)**

| # | Status | Item |
|---|---|---|
| 18 | ☐IN ☐ OUT ☐N/A ☑N/O | Proper cooking time and temperatures |
| 19 | ☐IN ☐ OUT ☐N/A ☑N/O | Proper reheating procedures for hot holding |
| 20 | ☑IN ☐ OUT ☐N/A ☐ N/O | Proper cooling time and temperatures |
| 21 | ☑IN ☐ OUT ☑N/A ☐ N/O | Proper hot holding temperatures |
| 22 | ☑IN ☐ OUT ☐N/A | Proper cold holding temperatures |

### Compliance Status

**Time/Temperature Controlled for Safety Food (TCS food)**

| # | Status | Item |
|---|---|---|
| 23 | ☑IN ☐ OUT ☐N/A ☐ N/O | Proper date marking and disposition |
| 24 | ☐IN ☐ OUT ☑N/A ☐ N/O | Time as a public health control; procedures & records |

**Consumer Advisory**

| # | Status | Item |
|---|---|---|
| 25 | ☐IN ☐ OUT ☑N/A | Consumer advisory provided for raw or undercooked foods |

**Highly Susceptible Populations**

| # | Status | Item |
|---|---|---|
| 26 | ☐IN ☐ OUT ☑N/A | Pasteurized foods used; prohibited foods not offered |

**Chemical**

| # | Status | Item |
|---|---|---|
| 27 | ☐IN ☐ OUT ☑N/A | Food additives: approved and properly used |
| 28 | ☑IN ☐ OUT ☐N/A | Toxic substances properly identified, stored, used |

**Conformance with Approved Procedures**

| # | Status | Item |
|---|---|---|
| 29 | ☐IN ☐ OUT ☑N/A | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 30 | ☐IN ☐ OUT ☑N/A ☐ N/O | Special Requirements: Fresh Juice Production |
| 31 | ☐IN ☐ OUT ☑N/A ☐ N/O | Special Requirements: Heat Treatment Dispensing Freezers |
| 32 | ☐IN ☐ OUT ☑N/A ☐ N/O | Special Requirements: Custom Processing |
| 33 | ☐IN ☐ OUT ☑N/A ☐ N/O | Special Requirements: Bulk Water Machine Criteria |
| 34 | ☐IN ☐ OUT ☑N/A ☐ N/O | Special Requirements: Acidified White Rice Preparation Criteria |
| 35 | ☐IN ☑OUT ☐N/A | Critical Control Point Inspection |
| 36 | ☐IN ☐ OUT ☑N/A | Process Review |
| 37 | ☐IN ☐ OUT ☑N/A | Variance |

**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.

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

| Name of Facility | Type of Inspection | Date |
|---|---|---|
| Las Marias Mexican Grill | Standard/CCP | 12/1/25 |

## 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

### Safe Food and Water

| | | |
|---|---|---|
| 38 | ☐ IN ☐ OUT ☑ N/A ☐ N/O | Pasteurized eggs used where required |
| 39 | ☑ IN ☐ OUT ☐ N/A | Water and ice from approved source |

### Food Temperature Control

| | | |
|---|---|---|
| 40 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | Proper cooling methods used; adequate equipment for temperature control |
| 41 | ☐ IN ☐ OUT ☐ N/A ☑ N/O | Plant food properly cooked for hot holding |
| 42 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | Approved thawing methods used |
| 43 | ☑ IN ☐ OUT ☐ N/A | Thermometers provided and accurate |

### Food Identification

| | | |
|---|---|---|
| 44 | ☑ IN ☐ OUT | Food properly labeled; original container |

### Prevention of Food Contamination

| | | |
|---|---|---|
| 45 | ☑ IN ☐ OUT | Insects, rodents, and animals not present/outer openings protected |
| 46 | ☑ IN ☐ OUT | Contamination prevented during food preparation, storage & display |
| 47 | ☑ IN ☐ OUT ☐ N/A | Personal cleanliness |
| 48 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | Wiping cloths: properly used and stored |
| 49 | ☐ IN ☐ OUT ☐ N/A ☑ N/O | Washing fruits and vegetables |

### Proper Use of Utensils

| | | |
|---|---|---|
| 50 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | In-use utensils: properly stored |
| 51 | ☑ IN ☐ OUT ☐ N/A | Utensils, equipment and linens: properly stored, dried, handled |
| 52 | ☑ IN ☐ OUT ☐ N/A | Single-use/single-service articles: properly stored, used |
| 53 | ☐ IN ☐ OUT ☐ N/A ☑ N/O | Slash-resistant, cloth, and latex glove use |

### Utensils, Equipment and Vending

| | | |
|---|---|---|
| 54 | ☑ IN ☐ OUT | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 55 | ☑ IN ☐ OUT ☐ N/A | Warewashing facilities: installed, maintained, used; test strips |
| 56 | ☑ IN ☐ OUT | Nonfood-contact surfaces clean |

### Physical Facilities

| | | |
|---|---|---|
| 57 | ☑ IN ☐ OUT ☐ N/A | Hot and cold water available; adequate pressure |
| 58 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | Plumbing installed; proper backflow devices |
| 59 | ☑ IN ☐ OUT ☐ N/A | Sewage and waste water properly disposed |
| 60 | ☑ IN ☐ OUT ☐ N/A | Toilet facilities: properly constructed, supplied, cleaned |
| 61 | ☑ IN ☐ OUT ☐ N/A | Garbage/refuse properly disposed; facilities maintained |
| 62 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas |
| 63 | ☑ IN ☐ OUT | Adequate ventilation and lighting; designated areas used |
| 64 | ☑ IN ☐ OUT ☐ N/A | Existing Equipment and Facilities |

### Administrative

| | | |
|---|---|---|
| 65 | ☐ IN ☐ OUT ☑ N/A | 901:3-4 OAC |
| 66 | ☑ IN ☐ OUT ☐ 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 |
|---|---|---|---|---|---|
| 43) | 3.2 C | C | Observed several items not covered in walk in | ☐ | ☐ |
| | | | PIC covered items | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | Critical Control Point Inspection | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | VII Protection from Contamination | ☐ | ☐ |
| | | | | ☐ | ☐ |
| 15/35 | 3.2 C | C | Observed several items not covered in walk in | ☑ | ☐ |
| | | | PIC covered items | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | Please make sure dates are write on proper | ☐ | ☐ |
| | | | line of date sticker | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |

| Person In Charge | Date: 12-1-25 |
|---|---|
| Environmental Health Specialist | Licensor: DCHD |

**PRIORITY LEVEL:** C= CRITICAL    NC= NON-CRITICAL                    Page 2 of 2