

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

Name of facility <i>Wawa 10105</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>72</i>	Date <i>4-9-25</i>
Address <i>1118 N. 1st St</i>	City/State/Zip Code <i>CLEVELAND OH 44115</i>		
License holder <i>DD 2,229 6,110</i>	Inspection Time <i>1:00</i>	Travel Time <i>5</i>	Category/Descriptive <i>CS</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		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	23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		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	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
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 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 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>St. John's</i>	Type of Inspection <i>Sanitary</i>	Date <i>11/13/2025</i>
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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	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips
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	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean
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	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
Food Identification		60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned	
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	61 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		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	
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	Administrative	
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	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC
Proper Use of Utensils				
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored		
51	<input 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		

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
50	6.5.1	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
51	6.5.2	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
52	6.5.3	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
53	6.5.4	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
54	6.5.5	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
55	6.5.6	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
56	6.5.7	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
57	6.5.8	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
58	6.5.9	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
59	6.5.10	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
60	6.5.11	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
61	6.5.12	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
62	6.5.13	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
63	6.5.14	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
64	6.5.15	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
65	6.5.16	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
66	6.5.17	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
67	6.5.18	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
68	6.5.19	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
69	6.5.20	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
70	6.5.21	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
71	6.5.22	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
72	6.5.23	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
73	6.5.24	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
74	6.5.25	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
75	6.5.26	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
76	6.5.27	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
77	6.5.28	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
78	6.5.29	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
79	6.5.30	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
80	6.5.31	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
81	6.5.32	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
82	6.5.33	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
83	6.5.34	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
84	6.5.35	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
85	6.5.36	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
86	6.5.37	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
87	6.5.38	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
88	6.5.39	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
89	6.5.40	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
90	6.5.41	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
91	6.5.42	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
92	6.5.43	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
93	6.5.44	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
94	6.5.45	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
95	6.5.46	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
96	6.5.47	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
97	6.5.48	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
98	6.5.49	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
99	6.5.50	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>
100	6.5.51	NC	Observed 2000 at 10:00 AM not in compliance	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Alexa Bergsdorff</i>	Date: <i>11/13/2025</i>
Environmental Health Specialist <i>CA</i>	Licensor: <i>Dr. [illegible]</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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