

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

|   |  |   |                              |  |
|---|--|---|------------------------------|--|
| Name of facility<br><i>St. Ignace Parish School</i>   |  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><i>317</i> | Date<br><i>10-15-15</i>                |
| Address<br><i>301 E 4th St</i>  |  | City/State/Zip Code<br><i>Wickliffe, OH 44095</i>                                 |                              |  |
| License holder<br><i>DONALD SMITH</i>   |  | Inspection Time<br><i>1:00</i>  | Travel Time<br><i>30</i>     | Category/Descriptive<br><i>CBS</i>     |
| Type of Inspection (check all that apply)<br><input checked="" 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<br><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 Person in charge present, demonstrates knowledge, and performs duties                           | 23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition  |
| 2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager  | 24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records  |
| Employee Health  | Consumer Advisory  |
| 3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting | 25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods   |
| 4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion   | Highly Susceptible Populations   |
| 5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events                                      | 26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered  |
| Good Hygienic Practices  | Chemical   |
| 6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use  | 27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used  |
| 7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth  | 28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used  |
| Preventing Contamination by Hands  | Conformance with Approved Procedures   |
| 8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed  | 29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan   |
| 9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A No bare hand contact with ready-to-eat foods or approved alternate method properly followed                | 30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Special Requirements: Fresh Juice Production  |
| 10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible   | 31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Special Requirements: Heat Treatment Dispensing Freezers  |
| Approved Source  | 32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Special Requirements: Custom Processing   |
| 11 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source   | 33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Special Requirements: Bulk Water Machine Criteria   |
| 12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food received at proper temperature   | 34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Special Requirements: Acidified White Rice Preparation Criteria   |
| 13 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated  | 35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection   |
| 14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Required records available: shellstock tags, parasite destruction   | 36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Process Review  |
| Protection from Contamination  | 37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance  |
| 15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food separated and protected  | <p><b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p> |
| 16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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 Proper cooking time and temperatures  |  |
| 19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper reheating procedures for hot holding   |  |
| 20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cooling time and temperatures  |  |
| 21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper hot holding temperatures   |  |
| 22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures  |  |

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