

**State of Ohio**  
**Food Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Restaurant #327</i>		Check one <input type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>2029</i>	Date <i>11-6-22</i>
Address <i>11000 N Main St</i>		City/State/Zip Code <i>Chardon, OH 44023</i>		
License holder <i>Restaurant LLC</i>		Inspection Time <i>6:00</i>	Travel Time <i>5</i>	Category/Descriptive <i>65</i>
<b>Type of Inspection (check all that apply)</b> <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				
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>				
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				
<b>Compliance Status</b>				
<b>Supervision</b>				
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager		
<b>Employee Health</b>				
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion		
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events		
<b>Good Hygienic Practices</b>				
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		
<b>Preventing Contamination by Hands</b>				
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 type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>				
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		
<b>Protection from Contamination</b>				
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected		
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		
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>				
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		
<b>Compliance Status</b>				
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>				
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition		
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		
<b>Consumer Advisory</b>				
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>				
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>				
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, used		
<b>Conformance with Approved Procedures</b>				
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		
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production		
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Heat Treatment Dispensing Freezers		
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing		
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Bulk Water Machine Criteria		
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Acidified White Rice Preparation Criteria		
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Critical Control Point Inspection		
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Process Review		
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance		
<b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.				
<b>Public health interventions</b> 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 <i>Superior #3277</i>	Type of Inspection <i>Standard</i>	Date <i>11-6-03</i>
---	---------------------------------------	------------------------

**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

<b>Safe Food and Water</b>			<b>Utensils, Equipment and Vending</b>				
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 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	
<b>Food Temperature Control</b>			<b>Physical Facilities</b>				
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	
<b>Food Identification</b>			<b>Administrative</b>				
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container		60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned	
<b>Prevention of Food Contamination</b>			<b>Existing Equipment and Facilities</b>				
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected		61	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained	
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display		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	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness		63	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used	
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		64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables		<b>Administrative</b>			
<b>Proper Use of Utensils</b>			<b>Administrative</b>				
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	901:3-4 OAC	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled		66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC	
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used		<b>Administrative</b>			
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		<b>Administrative</b>			

**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
1		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
2		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
3		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
4		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
5		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
6		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
7		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
8		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
9		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
10		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
11		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
12		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
13		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
14		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
15		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
16		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
17		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
18		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
19		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
20		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
21		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
22		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
23		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
24		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
25		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
26		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
27		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
28		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
29		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
30		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
31		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
32		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
33		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
34		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
35		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
36		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
37		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
38		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
39		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
40		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
41		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
42		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
43		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
44		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
45		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
46		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
47		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
48		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
49		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
50		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
51		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
52		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>
53		C	<i>Specialty items in 3701-21 OAC</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date:
Environmental Health Specialist <i>CR</i>	Licensor: <i>MC 103</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

HEA 5302B Ohio Department of Health (8/22)

AGR 1268 Ohio Department of Agriculture (8/22)