

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

| | | | | |
|---|---|--|-------------------------------|------------------------------------|
| Name of facility <i>Dollar General #2573</i> | | Check one <input type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number <i>2022</i> | Date <i>12/18/22</i> |
| Address <i>539 Wagner Ave</i> | | City/State/Zip Code <i>Greene, OH 45331</i> | | |
| License holder <i>DOL GEN Midwest</i> | | Inspection Time <i>80</i> | Travel Time <i>5</i> | Category/Descriptive <i>CIS</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 | | | | |
| 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 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 checked="" type="checkbox"/> N/A | Certified Food Protection Manager | | |
| Employee Health | | Consumer Advisory | | |
| 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 | | Highly Susceptible Populations | | |
| 6 | <input type="checkbox"/> IN <input checked="" 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 | | Chemical | | |
| 8 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A | Adequate handwashing facilities supplied & accessible | | |
| Approved Source | | Conformance with Approved Procedures | | |
| 11 | <input checked="" 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 checked="" type="checkbox"/> N/O | Food received at proper temperature | | |
| 13 | <input checked="" 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 | | Time/Temperature Controlled for Safety Food (TCS food) | | |
| 15 | <input checked="" 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 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) | | Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness. | | |
| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper cold holding temperatures | | |
| Public health interventions are control measures to prevent foodborne illness or injury. | | | | |

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Name of Facility

Type of Inspection

Date _____

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

Person in Charge

Date:

Environmental Health Specialist

Licensor

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL