

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Don't know</i>	Check one <input type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>245</i>	Date <i>12-14-09</i>
Address <i>38991 St 41 121</i>	City/State/Zip Code <i>12121 00 4, 531</i>		
License holder <i>Don't know</i>	Inspection Time <i>45</i>	Travel Time <i>4</i>	Category/Descriptive <i>CIS</i>
Type of Inspection (check all that apply) <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 <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 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			
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	
Procedures for responding to vomiting and diarrheal events		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Good Hygienic Practices		Pasteurized foods used; prohibited foods not offered	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Chemical	
Proper eating, tasting, drinking, or tobacco use			
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	
No discharge from eyes, nose, and mouth		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Preventing Contamination by Hands		Food additives: approved and properly used	
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	
Hands clean and properly washed		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		Conformance with Approved Procedures	
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Adequate handwashing facilities supplied & accessible		29	
Approved Source		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Food obtained from approved source		30	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<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: Fresh Juice Production	
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	31	
Food in good condition, safe, and unadulterated		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	32	
Required records available: shellstock tags, parasite destruction		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Protection from Contamination		33	
		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Bulk Water Machine Criteria	
Food separated and protected		34	
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food-contact surfaces: cleaned and sanitized		Special Requirements: Acidified White Rice Preparation Criteria	
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT	35	
Proper disposition of returned, previously served, reconditioned, and unsafe food		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Time/Temperature Controlled for Safety Food (TCS food)		36	
		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
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	37	
Proper reheating procedures for hot holding		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Proper cooling time and temperatures		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.	
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	

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