

Food Inspection Report

Authority Chapter 3717 and 3715 Ohio Revised Code



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|--|---|-------------------------------|--|
| Name of facility <i>Captain DS</i> | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number <i>1139</i> | Date <i>10/25/22</i> |
| Address <i>6500 Wagoner Ave</i> | City/State/Zip Code <i>Greenwich, OH 45331</i> | | |
| License holder <i>CAPTAIN DS LLC</i> | Inspection Time <i>90</i> | Travel Time <i>10</i> | Category/Descriptive <i>C45</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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 7 | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Food in good condition, safe, and unadulterated | | Critical Control Point Inspection | |
| 14 | <input checked="" 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 checked="" type="checkbox"/> N/A |
| 15 | <input type="checkbox"/> IN <input checked="" 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 checked="" 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

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|--|--|-------------------------|
| Name of Facility <i>CCADIANA DS</i> | Type of Inspection <i>Standard/ICOP</i> | Date <i>10/25/22</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

| Safe Food and Water | | Utensils, Equipment and Vending | | |
|----------------------------------|---|---|---|--|
| 38 | <input checked="" 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 43 | <input type="checkbox"/> IN <input checked="" 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 | |
| Food Identification | | Administrative | | |
| 44 | <input type="checkbox"/> IN <input type="checkbox"/> OUT | Food properly labeled; original container | 60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | |
| Prevention of Food Contamination | | | | |
| 45 | <input type="checkbox"/> IN <input type="checkbox"/> OUT | Insects, rodents, and animals not present/outer openings protected | 61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | |
| 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 | |
| 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 | |
| 48 | <input checked="" 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 | |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Washing fruits and vegetables | Existing Equipment and Facilities | |
| 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 | 65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | |
| 51 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Utensils, equipment and linens: properly stored, dried, handled | 901:3-4 OAC | |
| 52 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Single-use/single-service articles: properly stored, used | 66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | |
| 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 | 3701-21 OAC | |

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 | 43A2 | NC | observed dirty seals on cold hold units in kitchen | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 | 44C | NC | observed dirty microwave cover to hand sink | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 | 44A | NC | observed broken seal on cold hold unit under hot counter | <input type="checkbox"/> | <input type="checkbox"/> |
| 53 | 414 | NC | observed no thermometer in cold hold by TAPERS | <input type="checkbox"/> | <input type="checkbox"/> |
| 53 | 52C | C | observed packages (meats) not covered in walk in cooler and fish not covered in walk in freezer. ME covered | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|---------------------------|
| Person in Charge <i>Cassie [Signature]</i> | Date: <i>10-25-22</i> |
| Sanitarian <i>[Signature]</i> | Licensor: <i>DOHID</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

