State of Ohio

Food Inspection Report Ority: Chapters 3717 and 3715 Ohio Revised Code

г 												
				Check one		License Number		Date				
1	am. W. Dolla	#6810	□ FS(D Ø RFE		163		1/3/33				
A	ddress /		City/Sta	ity/State/Zip Code								
,	300 Mai	TST										
1	cense holder	/17 - /	Inspecti	Percillo								
-	Cerise noider	and of The			Trav	vel Time	Cat	tegory/Descriptive				
	amily Dolle	STUP of Ohio INC	91	フ		10		C/S				
Ту	pe of Inspection (chec	ck all that apply)			<u>'</u> T	Follow up date (if required	d)	Water sample date/result				
	eStandard □ Critical	Control Point (FSO) ☐ Process Review (RFE) ☐ Varia	nce Revie	w □ Follow u	ıb		´	(if required)				
□ Foodborne □ 30 Day □ Complaint □ Pre-licensing □ Consultation												
		ECODRODNE II I NECC DICK FACTO		UBUBUB			Territ					
	Apple de deservate de servet	FOODBORNE ILLNESS RISK FACTOR										
IV	lark designated compil	ance status (IN, OUT, N/O, N/A) for each numbered it	em: IN≔in	compliance (OUT=r	not in compliance N/O=no	ot ob	served N/A=not applicable				
		Compliance Status		Compliance Status								
		Supervision		Time/Temperature Controlled for Safety Food (TCS food)								
1		Person in charge present, demonstrates knowledge, ar performs duties	1d 2	23 □ IN □ OUT □ Proper date marking and disposition								
2	□IN □OUT □-ÑIA	Certified Food Protection Manager			JT							
		Employée Health	2	Time as a public health control: procedures & records				procedures & records				
3	ZÎN DOUT D N/A	Management, food employees and conditional employees	s;	Consumer Advisory								
4	□IN □OUT □ N/A	knowledge, responsibilities and reporting Proper use of restriction and exclusion	25	IN POL	JT	Consumer advisory provided for raw or undercooked foods						
5	, , , , , , , , , , , , , , , , , , ,	Procedures for responding to vomiting and diarrheal even	ts		3434	Highly Susceptible Populations						
		Good Hyglenic Practices			JT		5 12 4 ing.,					
6	□ IN □ OUT □,N/O	Proper eating, tasting, drinking, or tobacco use	26	JENÍA		Pasteurized foods used;	pronii	bited foods not offered				
7	□ IN □ OUT □ N/O	No discharge from eyes, nose, and mouth			firs	Chemical						
	I .	reventing Contamination by Hands	2		JT	Food additives: approved	0 m ml	was substituted in				
8	□ OUT □ N/O	Hands clean and properly washed		_□N/A		Food additives: approved	and	properly used				
9	□ IN □ OUT □ □N/A □ N/O	No bare hand contact with ready-to-eat foods or approvalternate method properly followed	ed 28	□N/A □ OL	ΤĹ	Toxic substances properly identified, stored, used						
					Ca	onformance with Approve	d Pr	ocedures				
10	□INÍ □OUT □ N/A	Adequate handwashing facilities supplied & accessible	29	ПИ ПОГ	JT	Compliance with Reduced Oxygen Packaging, other						
		Approved Source	2.000	.⊒N/A		specialized processes, and HACCP plan						
11	□ N □ OUT	Food obtained from approved source	30			 Special Requirements: Fre	esh Ji	uice Production				
12	□ IN □ OUT □N/A □ N/O	Food received at proper temperature	-	N/A D N/G								
13	D'IN OUT	Food in good condition, safe, and unadulterated	31	□ IN □ OU □ N/A □ N/		Special Requirements: Heat Treatment Dispensing Freezers						
14	□ IN □ OUT	Required records available: shellstock tags, parasite		DIN DOL		Charles Developer	-4.	D				
Contract of the contract of th	JN/A □ N/O	destruction	32	_N/A □ N/C	0	Special Requirements: Cus	stom	Processing				
P		Protection from Contamination	33			Special Requirements: Bul	۱۱ ۱۸۱۰	tor Machine Criteria				
15	INV □ OUT	Food separated and protected		N/A □ N/O	0	Opedia Negaliements: Bui	⊼ vva	nei machine Chieria				
	□N/A □ N/O □ IN □ OUT			□IN □ OU	TL T	Special Requirements: Acid	dified	White Rice Preparation				
16	SENVA N/O	Food-contact surfaces: cleaned and sanitized	34	□N/A □ N/0		Criteria		- Toparation				
17	□IN □ OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food	35	□IN □ OU □N/A),T	Critical Control Point Inspe	ction					
- Jacks	Time/Tempe	ature Controlled for Safety Food (TCS food)	00		JT	D	-					
18	□ IN □ OUT	Proper cooking time and temperatures	36			Process Review						
	N/A □ N/O		37	□IN □OU	JT T	Mariana						
19	□ IN □ OUT □N/A □ N/O	Proper reheating procedures for hot holding	37	■N/A		Variance		1000				
	□ IN □ OUT		\dashv									
20	□N/A □ N/O	Proper cooling time and temperatures	R	Risk factors are food preparation practices and employee behaviors								
	□IN □ OUT		tr	that are identified as the most significant contributing factors to								
21	□N/A □ N/O	Proper hot holding temperatures		foodborne illness.								
20	EÎN E OUTENA	Dronou pold holding towns to	P	Public health interventions are control measures to prevent foodborne illness or injury.								
22	DÎN □ OUT □N/A	Proper cold holding temperatures	""	ooo or mjury	••							

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Type of Inspection

Date

Nai		F/W//		Type of Inspection	Date								
1 1	medically Dollar	11 6010		Standard	1/3/23								
9 Ess 23				vateria nele Dalachathan irre terresception access 2013 2013 vale control terresc									
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	I STATE OF THE PARTY OF T	Pasteurized eggs used where required	54□ IN □ OUT		tact surfaces cleanable, properly								
39.	☑IN □OUT □N/A	Water and ice from approved source		/ 10/2000-1-1	installed, maintained, used; test								
	For	od Temperature Control	55 II IN II OUT E	Strips	metallog, maintainog, abou, tost								
40	II IN II OUT, IIN/A II N/O	Proper cooling methods used; adequate equipment for temperature control	56 ,⁄₫ IN □ OUT	Nonfood-contact surface Physical Facilities									
41		Plant food properly cooked for hot holding	57- 1 IN 0 OUT 0	□N/A Hot and cold water ava	illable; adequate pressure								
42		Approved thawing methods used	58 -□ IN □OUT	Plumbing installed; pro									
43]	Æ IN □ OUT □N/A	Thermometers provided and accurate	□N/A □ N/O										
		Food Identification	59. Z IN □ OUT □	IN/A Sewage and waste wate	r properly disposed								
44	□ IŊ/Œ OUT	Food properly labeled; original container	60 -□ IN □ OUT □	N/A Toilet facilities: properly	constructed, supplied, cleaned								
	Preven	tion of Food Contamination	61 - EIN OUT C	N/A Garbage/refuse properly	disposed; facilities maintained								
45	-⊡ IN □ OUT	Insects, rodents, and animals not present/outer	62 DIN DOUT	Physical facilities installe	d, maintained, and clean; dogs in								
46	15 IN □ OUT	openings protected Contamination prevented during food preparation,	□N/A □ N/O	outdoor dining areas									
47	ZÍ IN □ OUT □N/A	storage & display Personal cleanliness	63 -☐ IN ☐ OUT	Adequate ventilation and	l lighting; designated areas used								
48	□ IN □ OUT. □ N/A □ N/O	Wiping cloths: properly used and stored	64 IN OUT [N/A Existing Equipment and F	acilities								
49	□ IN □ OUT/ĒÑ/A □ N/O	Washing fruits and vegetables		Administrative									
		Proper Use of Utensils.	65 🗆 IN 🗂 OUT 🗆	3N/A 004-9 4 0 4 0									
50	☐ IN ☐ OUŢ, ☐N/A ☐ N/O	In-use utensils: properly stored	65 EI IN/EI OUT E]N/A 901:3-4 OAC									
51	□ IN □ OUT-□N/A	Utensils, equipment and linens: properly stored, dried, handled	66 🗆 IN 🗆 OUT 🖪	₹N/A 3701-21 OAC									
52	☐ IN ☐ OUT-☐N/A	Single-use/single-service articles: properly stored, used											
53	□ IN □ OUT/ÍN/A □ N/O	Slash-resistant, cloth, and latex glove use											
	į.	Observations and C Mark "X" in appropriate box for COS and R. cos=corre											
Iten	1 No. Code Section Priori	ty Level Comment	- /la T	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COS R								
9 <u> </u>	3-4-11	Observed Widgets perform	U / para b	164 7011 Autor 1									
	1-4-7//	PIC distarded		,									
<u>7</u>	3.77 H C	O has A second		er 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7									
<u>2,5</u>	3.11 H C	PT C discarded	Sale by pla	<u> 19 - 127 - 1737 - 1</u>									
\vdash		The Colif Cardod											
4,64	1 C C	Obs. A second set	nd f s										
7 1	3,5 C C	Observed small bottle	with hands	er Thu Lubel									
		FIL ABCONAN		Ī									
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<u> </u>													
Person in Charge Date: 1/3/23													
Sanitarian Licensor: D(H)													
DD:													
PKI	ORITY LEVEL: C = CŔĨŤĨC	CAL NC = NON-CRITICAL		Pag	ge Q of Q								

Name of Facility