## State of Ohio

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

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Na	me of facility	2011		Check one			License Number		Date			
٠.٠	DOMA COR	Neral #123191	□ F\$	□ FSO □ RFE			125		7/3/123			
Ac	Idress		City/S	City/State/Zip Code								
625 clihet street					21050070 OH 155303							
				spection Time T			vel Time	ategory/Descriptive				
DOIGEN MIDWEST LLC				70			30	30				
Tv	pe of Inspection (chec						Follow up date (if yequire		Motor completely and the second			
		Control Point (FSO) □ Process Review (RFE) □ Varia	nce Re	view	/ □ Follow u	q	Follow up date (if require	ia)	Water sample date/result   (if required)			
		☐ Complaint ☐ Pre-licensing ☐ Consultation										
FOR DOMESTINE OF THE PROPERTY												
N 4	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 and in compliance All out to be seen at the control of th											
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												
anda ak		Compliance Status		Compliance Status								
		Supervision		Time/Temperature Controlled for Safety Food (TCS food)								
1 /	OIN OUT ON/A	Person in charge present, demonstrates knowledge, ar performs duties	nd	23 ☐ N/A ☐ N/O Proper date marking and disposition					position			
2	OUT N/A	Certified Food Protection Manager		24			l: procedures & records					
0.045		Employee Health					Consumer Advi					
3	DIN DOUT DN/A	Management, food employees and conditional employee knowledge, responsibilities and reporting		25		ΙΤ						
4	ØN □OUT □ N/A	Proper use of restriction and exclusion			-⊠N/A		Consumer advisory provided for raw or undercooked for					
5	DÍN □OUT □ N/A		ts	Erica de			Highly Susceptible P	opul	ations			
6 00	ØÎN □OUT □N/O	Good Hygienic Practices  Proper eating, tasting, drinking, or tobacco use		26	□IN □ OL	JT	Pasteurized foods used;	proh	nibited foods not offered			
7	DIN DOUT DNO	No discharge from eyes, nose, and mouth			D.W.							
	The state of the s	reventing Contamination by Hands		E4001053		it	Chemical					
8	□IN □ OUT □ N/O	Hands clean and properly washed		27	□N/A		Food additives: approve	d and	d properly used			
9	ÍÍN □ OUT □N/A □ N/O	No bare hand contact with ready-to-eat foods or approvalernate method properly followed		28	LIN/A							
40	DÍIN □ OUT □ N/A	Adaptata bandurashing facilities consiled 0 acceptible			Hui Hai	WITH THIS	onformance with Approv	SAPORTOR				
10		Adequate handwashing facilities supplied & accessible  Approved Source			□IN □OL	)	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan					
11	□IN □OUT	Food obtained from approved source		30	DIN DOL	JT	7,00,744,444					
12	ÍN □OUT	Food received at proper temperature		30	□N/A □ N/O	<b>O</b>	Special Requirements: F	resn .	Juice Production			
13	□N/A □N/O □IN □OUT	Food in good condition, safe, and unadulterated		31			Special Requirements: H	reatment Dispensing Freezers				
14	DIN DOUT	Required records available: shellstock tags, parasite		32	□IN □OL		Special Requirements: C	ustor	n Processing			
	□N/A □N/O	destruction		<u></u>			requirement	20101				
	□IN □OUT	Protection from Contamination		33			Special Requirements: B	ulk W	/ater Machine Criteria			
15		Food separated and protected					0 110					
16	_□N/A □ N/O	Food-contact surfaces: cleaned and sanitized		34			Special Requirements: A   Criteria	cidifie	ed White Rice Preparation			
17	_□IN □OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		35	□IN □OL □N/A	JT	Critical Control Point Insp	ectio	n			
	Time/Tempe	rature Controlled for Safety Food (TCS food)	100	36	□IN □OU	IT	Brosses Boylow		The state of the s			
18	□IN □ OUT □N/A □ N/O	Proper cooking time and temperatures			□·N/A		Process Review					
19	□IN □ OUT □N/A □ N/O	Proper reheating procedures for hot holding		37 NO OUT Variance					/			
20	□IN □ OUT	Proper cooling time and temperatures // // //	-	Risk factors are food preparation practices and employee behaviors								
	, □N/A □ N/O	NITTO KAN		tha	at are identif	ibuting factors to						
21	□IN □ OUT □N/A □ N/O	Proper hot holding temperatures		foodborne illness.  Public health interventions are control measures to prevent foodborne								
22	ÓIN □ OUT □N/A	Proper cold holding temperatures		illness or injury.								

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Nan	ne of	Facility	V (	er IV	101 41239			Type of Inspection	Date	, y	ŀ		
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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												
M	ark d	esignated compli	duranten fan		,OUT, N/O, N/A) for each numbered item: I <b>n</b> Land <b>Wat</b> er	vi≕in∵co	ompliance <b>OU</b> T=	not in compliance N/O≕not Utensils, Equipment and	iriniya başarının mürkiyi karının gören	applica	able		
38		N □ OUT □N/A [	200400000000000000000000000000000000000	ergint sin antight beigled	zed eggs used where required	54	□ IN □ OUT	Food and nonfood-cor designed, constructed,	ntact surfaces cleanal	ole, pro	perly		
39	<u>,</u> □1	N □OUT □N/A		R11R16212081121811811P110	nd ice from approved source	55		N/A Warewashing facilities	: installed, maintained	, used;	test		
			Foo		erature Control	56	IN OUT	Nonfood-contact surfa	ces clean				
40	ПП	N 🔲 OUT 🗆 N/A 🗅	N/O		cooling methods used; adequate equipment erature control			Physical Facilities					
41		N 🗆 OUT 🗆 N/A 🗀	] N/O	Plant fo	od properly cooked for hot holding	57	OUT [	□N/A Hot and cold water av	vailable; adequate pre	ssure			
42	42 IN OUT N/A N/O Appr		Approve	d thawing methods used	58	r	Plumbing installed; pr	oper backflow device	S				
43 IN OUT N/A Thermo				Thermo	meters provided and accurate		□N/A □ N/O						
				Food Id	entification	59	□ IN □ OUT [	N/A Sewage and waste wat	er properly disposed				
44	/D II	N 🗖 OUT		Food pr	operly labeled; original container	60	□ IN □ OUT [	IN/A Toilet facilities: properly	constructed, supplied,	cleane	d		
			revent	tion of Fo	ood Contamination	61		□N/A Garbage/refuse properly	/ disposed; facilities ma	aintaine	d		
45	/D II	N 🗆 OUT			rodents, and animals not present/outer s protected	62		Physical facilities install outdoor dining areas	led, maintained, and cl	ean; dog	gs in		
46	21	N 🗆 OUT		Contam storage	ination prevented during food preparation, & display								
47	<del></del>	N 🗆 OUT 🗆 N/A		Persona	l cleanliness	-	□ IN □ OUT	Adequate ventilation ar		areas u	sed		
48		N 🗌 OUT 🗆 N/A 🖂 N 🔲 OUT 🗆 N/A 🖂			cloths: properly used and stored	64	□ IN □ OUT [	□N/A Existing Equipment and	Facilities	Science Con Small St.			
49		N [] OUT [] NAC			e of Utensils			Administrative					
50			Maria bania di Indonesia		itensils: properly stored	65	□ OUT [	□N/A 901:3-4 OAC					
51	Utensils, equipment and linens: properly stored, dried,				66		⊒N/A 3701-21 OAC						
52	nanded												
53	<b>1</b>	N 🗆 OUT 🗆 N/A 🖺	] N/O	Slash-re	sistant, cloth, and latex glove use			ent-numbergra-sanagen salt i lanta ilan assar salt i hab		gavipė u HHILII IS JATI	213-11411491 <u>125-55</u>		
				Mark ">	Observations and C	terrina a com							
lter	n No.	Code Section	Priori	ty Level		(			getting the transfer thanks programmed and the second seco	cos	R		
			44.		SCHELONA	4	13 H	YS 1/2/1/	11/1-				
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Person in Charge  Mille M. Kull M. 131/13													
Sar	Sanitarian Licensor:												
L									- 17.79				

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL