## State of Ohio

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

				M18.UF.1.1							
Na	ime of facility	(01001 = 0		Check one □ FSO □∕ŔFE			License Number		Date		
(	425	CRIVIAL SICK	шь	5O	□ÆFE		779	_ 19/5/65			
Ac	Idress	City/St	City/State/Zip Code								
1	350 K	6	10	000	)/ (	CP OH		/5 <i>3 ?/</i>			
License holder Insp					Time	Trav	vel Time	Ca	tegory/Descriptive		
1	( CAS DO PS	Marketino		7	<		1/>				
Tv	no of Inspection (chec				<u>)                                    </u>	$\perp$	Fallers up data (if a surface				
	pe of Inspection (chec 'Štandard  □ Critical (	:k all that apply) Control Point (FSO) □ Process Review (RFE) □ Varia	ince Rev	/iew	□ Follow u		Follow up date (if required	3)	Water sample date/result (if required)		
1		☐ Complaint ☐ Pre-licensing ☐ Consultation									
Three store			702::::::::::::::::::::::::::::::::::::								
28027017		FOODBORNE ILLNESS RISK FACTO	the state of the s	non a constant control	AND COURSE OF THE PARTY OF	CALL STATES OF THE	* The transport of the second	10.00			
M	lark designated compli	ance status (IN, OUT, N/O, N/A) for each numbered in	em: IN=	in co	mpliance (	OUT=	not in compliance N/O=no	ot ol	oserved N/A=not applicable		
712	COOK THE MARKET DO LITTLE CONTROL OF THE MARKET DO LITTLE CONT	Compliance Status		Compliance Status							
		Supervision			Tim	e/Tem	mperature Controlled for Safety Food (TCS food)				
1	.⊠ÍN □OUT□N/A	Person in charge present, demonstrates knowledge, a performs duties	nd		⊒IN □ OU		Proper date marking and	disr	position		
2	OIN OUT N/A	Certified Food Protection Manager		-+			, , , , , , , , , , , , , , , , , , , ,				
		Employee Health			JIN □ OL JN/A □ N/		Time as a public health co	ntro	: procedures & records		
		Management, food employees and conditional employee	s.			W.	Consumer Advisory				
3	OUT N/A	knowledge, responsibilities and reporting	1 [	25	JIN 🗆 OI	UT	Consumer advisory provided for raw or undercooked for				
4	-DÍN □OUT □ N/A			23 [	□N/A						
5	│□IN □OUT □ N/A	Procedures for responding to vomiting and diarrheal ever	nts			1	Highly Susceptible Po	pula	itions		
6		Good Hyglenic Practices  Proper eating, tasting, drinking, or tobacco use			⊒IN □ OL ⊒Ñ/A	IJΤ	Pasteurized foods used;	proh	ibited foods not offered		
7	ZIN DOUT DNO						Chemical	n tar			
		reventing Contamination by Hands		ļ,	JO 🗆 OI	IT					
8	DIN DOUT NO	Hands clean and properly washed			IN/A	01	Food additives: approved	and	properly used		
9	DIN DOUT	No bare hand contact with ready-to-eat foods or approved		28 I	IN/A	0 1	Toxic substances properly identified, stored, used				
	□N/A □ N/O	alternate method properly followed	III man	1, 8,	9.70 (1)	C	ontormance with Approve	d P	rocedures		
10	A/A 🗆 TUO 🗆 N/A	Adequate handwashing facilities supplied & accessible	.	]	JIN 🗆 OL	of a New York	Compliance with Reduced				
		Approved Source		29 🗆 N/A			specialized processes, and HACCP plan				
11	DIN DOUT	Food obtained from approved source			IN □OU		Special Requirements: Fre	esh ،	Juice Production		
12	□IN □OUT □N/A □TÑ/O	Food received at proper temperature		-+							
13	.DIN DOUT	Food in good condition, safe, and unadulterated		31	JN/A □ N/ JN/A □ N/	Ö	Special Requirements: He	reatment Dispensing Freezers			
11	DIN DOUT	Required records available: shellstock tags, parasite			DIN DOUT		0				
14	□N/A □N/O	destruction		32	JN/A □ N/	0	Special Requirements: Cu	iston	Processing		
		Protection from Contamination			JIN DOL		Special Requirements: Bu	ılk W	ater Machine Criteria		
15	□/IN □OUT □N/A □N/O	Food separated and protected		$-\downarrow^{L}$	]N/A □ N/	U	, , ,				
	DIN DOUT			34	IN DO	JT	Special Requirements: Ac	idifie	d White Rice Preparation		
16	□N/A □N/O	Food-contact surfaces: cleaned and sanitized	:	L	]Ñ/A □ N/	0	Criteria				
17	□IN □OUT	Proper disposition of returned, previously served,			JIN □OI	JT	Critical Control Point Inspe	ectio	n		
		reconditioned, and unsafe food	1 1		ĴÑ/A		Oneour Control Cent mape		11		
	THE PARTY OF THE P	rature Controlled for Safety Food (TCS food).			JN∕ □ OU JN⁄A	JT	Process Review				
18	□IN □ OUT □N/A □ N/O	Proper cooking time and temperatures		-+							
	.DIN DOUT		:		]IN □OU ]N/A	J [	Variance				
19	□N/A □ N/O	Proper reheating procedures for hot holding							· 1/2 · 1/2		
	.⊡ÎN □ OUT	Duana and the state and the st	-								
20	□N/A □ N/O	Proper cooling time and temperatures		Ris	Risk factors are food preparation practices and employee behave that are identified as the most significant contributing factors to						
21	DIN □ OUT			are identi Iborne illn		as the most significant contributing factors to					
21	□N/A □ N/O	Proper hot holding temperatures					terventions are control measures to prevent foodborn				
22	DJN DOUT N/A	Proper cold holding temperatures		illness or injury.							

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Nan	ne of	Facility			· · · · · · · · · · · · · · · · · · ·				Type of	f Inspection	Date				
	-	(C*	563	-75	(ae 1612a 1	>10/4			<u> 131</u>	210018 1	9/5/2	<u> </u>			
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10 A 18	r.Dugas			4.00		D RETAIL PI		ted send annual control shall now	. No Comba		ing state transport				
M	nde de			•	preventative measures to cont OUT, N/O, N/A) for each numb							nnlica	blo		
IVI	ark u	esignated compr	F-236455000	MAMBUOTES.		bered item. IIV-I		inpliance OUT-II	Part All All All A	sils, Equipment and Vend	eratorea e viverant alla della con-	арриса	Die		
38	Safe Food and Water    D   N   D OUT   DNA   DNO   Pasteurized eggs used where required					54	Enod and nonfood-contact surfaces cleanable properly								
39	39 DIN DOUT DN/A Water and ice from approved source							/☐IN ☐ OUT ☐		Varewashing facilities; instal		used; t	est		
	Food Temperature Control						55	,,,	IIV/A S	trips					
40					r cooling methods used; adequate equipment inperature control			56 ☐ IN ☐ ÓUT Nonfood-contact surfaces clean  Physical Facilities							
41	<u></u>	N 🗆 OUT 🗆 N/A I	□ N/O	Plant foo	ood properly cooked for hot holding		57	-D'IN DOUT D	☐ OUT ☐N/A Hot and cold water available; adequate				pressure		
42	<u>D</u> II	N □ OUT □N/A I	□ N/O	Approved thawing methods used			58	□·IN □OUT	F	Plumbing installed; proper t	oackflow devices	S			
43		N □ OUT □N/A		Thermometers provided and accurate				□N/A □ N/O							
				Food Identification				59 🖸 IN 🗆 OUT 🗆 N/A Sewage and waste water properly disposed							
44	<b>□</b> ′II	TUO 🗖 N		Food pre	operly labeled; original container		60		IN/A T	oilet facilities: properly const	ructed, supplied,	cleane	t		
			Preven	tion of Food Contamination			61	61 IN OUT IN/A Garbage/refuse properly disposed; facilities							
45	ØI	N 🗆 OUT		Insects, rodents, and animals not present/outer openings protected			62			Physical facilities installed, ma outdoor dining areas	aintained, and cle	ean; dog	ıs in		
46	ا 🗖 ا	N 🗖 OUT		Contamination prevented during food preparation,				ÚN/A □ N/O					******		
47		N D OUT DN/A		storage & display  Personal cleanliness			63	⊡-IN □ OUT	A	Adequate ventilation and light	ting; designated a	areas us	sed		
48	الــٰٰتِ	N 🗆 OUT 🗀 N/A I	□ N/O	Wiping cloths: properly used and stored			64		]N/A E	existing Equipment and Faciliti	es				
49	Д⁄II	N 🗆 OUT 🗆 N/A [	□ N/O	Washing	fruits and vegetables					Administrative					
			· ' · · · F	roper Us	e of Utensils				100 PJS / 1.1				gart.		
50	☐ IN ☐ OUT ☐N/A ☐ N/O In-use utensils: properly stored						65	□ OUT □	]N/A   9	901:3-4 OAC		٠.			
51	☐ IN ☐ OUT ☐ N/A  Utensils, equipment and linens: properly stored, dried, handled				ored, dried,	66		JN/A 3	3701-21 OAC		_				
52	☐ IN ☐ OUT ☐ N/A Single-use/single-service articles: properly stored, used					stored, used		•							
53 Q.IN QUT QN/A N/O Slash-resistant, cloth, and latex glove use										ncosortes.					
				NASanta 9N	Observation in appropriate box for COS and	COST AND ADDRESS OF SECURITION	100000000000000000000000000000000000000	THE RESERVE OF THE PARTY OF THE	Transfer or Market	Date at States					
Iter	n No.	Code Section	Priori	ity Level	Comment /	IV. CCO-COLLEC	ieu i	on sale dum gamapi	16600113-1	IX-repeat violation		cos	R		
5	0	U.SA O	N		0108/08/5	CC 10	1/	<u> 267   132  </u>		18GNET C	$\Delta : \Delta = \mu$				
			-		Walher	1005	<u> </u>	10 1/210-	<u> </u>	EN. DIC CLE	mred				
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Person in Charge  Date: 0-5-23  Environmental Health Specialist  Licensor:															
Env	vironi	mental Health Sp	ecialist	7)	. A . A . C	,		Licensor:	GN.	2 1 D	· · · · · · · · · · · · · · · · · · ·				

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL Page\_\_\_\_\_of\_\_\_\_