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





Na	me of facility			Check one			License Number		Date				
	DONGER GODE	1900 H 2573	□F	□ FSO      PRFE			$\perp$ $A \cap Ad = -$	12-18 65					
-	Idrage	Professional Land	City/S	//State/Zip Code									
	539 1	MOGNAC OLDENIE	(1)	0	011	3/							
License holder Ins					nspection Time		······································	_					
		10		/ 7		1116	ravel Time		Category/Descriptive				
	13019	en mouer		<u> </u>			10		C15				
	pe of Inspection (chec		_				Follow up date (if required		Water sample date/result				
1		Control Point (FSO) □ Process Review (RFE) □ Varia □ Complaint □ Pre-licensing □ Consultation	ince Re	eview	/ □ Follow u	þ			(if required)				
=	, doddonio in do bay	2 Company 2 To nothing 2 Contained											
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
М	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									
100		Supervision	, y	Time/Temperature Controlled for Safety Food (TCS food)									
4	DIN DOUT DN/A	Person in charge present, demonstrates knowledge, a	nd	N. Lancia	□IN □ OL	and the second		V18mmmy47					
	LIN LIOUT LINA	performs duties		23	DN/A DN/	0	Proper date marking and disposition						
2	□IN □ OUT □ N/A	Certified Food Protection Manager		24	□IN □ OU □N/A □ N/		Time as a public health control: procedures & records						
	1	Employee Health											
3	DIN DOUT DN/A	IN DOUT N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting					Consumer Advisory						
4	DIN DOUT DN/A					JT	Consumer advisory provided for raw or undercooked foods						
5	DIN DOUT N/A	Procedures for responding to vomiting and diarrheal ever	nts		□N/A	•	Highly Susceptible Populations						
		Good Hygienic Practices	1	N. Section 1	□IN □ OL	JT		AC MARKET					
6	DIN DOUT DN/O			26 🗆 N/A			Pasteurized foods used; prohibited foods not offered						
7	□IN □OUT□N/O	No discharge from eyes, nose, and mouth reventing Contamination by Hands	KARATAN			(6/6	Chemical	564					
				27		JT	Food additives: approved	and	d properly used				
8	DIN DOUT DN/O	Hands clean and properly washed		<u>_</u>	.□N/A		-						
	DIN DOUT	No bare hand contact with ready-to-eat foods or approve		28	DIN D'OL	JΤ	Toxic substances properly identified		ntified, stored, used				
9 -	DN/A D N/O	alternate method properly followed			□ N/A	ium sees							
	FINE FLOUR FLAVA					10.00	onformance with Approve	d P	rocedures				
10	□IN □ OUT □ N/A	Adequate handwashing facilities supplied & accessible  Approved Source	ie. 205	29	29 Signature With Reduced Oxygen Packagii specialized processes, and HACCP plan								
11	DIN DOUT	Food obtained from approved source				IT							
40	□IN □OUT	Food received at proper temperature		30	ON/A DN/C	5	Special Requirements: Fre	Juice Production					
12	□N/A □N/O			31	□IN □OU		Special Requirements: He	reatment Dispensing Freezers					
13	OIN OUT	Food in good condition, safe, and unadulterated			□N/A □ N/C				Todamont Disponding Treezers				
14	□IN □OUT □N/A □N/O	Required records available: shellstock tags, parasite destruction		32	□IN □OU □N/A □N/O		Special Requirements: Cus	stor	n Processing				
,		Protection from Contamination		-				—					
MARKET .	□IN □OUT			33			Special Requirements: Bul	lk W	/ater Machine Criteria				
15	ŹÎN/A □N/O	Food separated and protected				ıT	Canadal Danidana anta Ant		DATE OF THE STATE				
16	□IN □OUT	Food-contact surfaces; cleaned and sanitized		34		) I	Special Requirements: Aci Criteria	difie	ed White Rice Preparation				
	□N/A □ N/O												
17	□UOUT □OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		35	□IN □OU □N/A	) [	Critical Control Point Inspe	etio	n				
	Time/Tempe	rature Controlled for Safety Food (TCS food)			DIN DOU	JT		_					
40	DIN DOUT	Proper cooking time and temperatures		36	□.N/A		Process Review						
18	□N/A □ N/O	Proper cooking time and temperatures		0.7	□IN □OU	T							
19	□IN □ OUT	Proper reheating procedures for hot holding		37	□N/A		Variance						
, ,	□N/A □ N/O												
20	DIN DOUT	Proper cooling time and temperatures	ŀ	p:	sk factore c	are f	and preparation practice:	e 0	ad employee heherders				
	□N/A □ N/O			tha	at are identif	fied :	ood preparation practices and employee belt as the most significant contributing factors to						
21	□IN □ OUT □N/A □ N/O	Proper hot holding temperatures		foo	odborne illne	ess.							
	MINIA LI IN/O			Pυ	ıblic health	inte	erventions are control m	eas	sures to prevent foodborne				
22	DIN DOUT DN/A	Proper cold holding temperatures		illness or injury.									

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

Type of Inspection

Date

Ī	) Willa	<u> QQiVQi</u>	(Q 1 - E a)S73			5+91100100 12-	10 =			
			GOOD RETAIL	PRA	CTICES			errelene		
G	ood Retail Practi	ices are	preventative measures to control the introd	200000000000000000000000000000000000000			ods.	Y de la		
			, OUT, N/O, N/A) for each numbered item: IN					able		
		Safe Food	d and Water		antigeryddiaddiaeth () F	Utensils, Equipment and Vending				
38 E IN 🗆 (	O/N 🗆 A/N 🗖 TUC	Pasteur	ized eggs used where required	54	□ IN □ OUT	Food and nonfood-contact surfaces of designed, constructed, and used	eanable, pro	perly		
39 □ IN □ C	DUT □N/A Fo	Carly decreased and the	and ice from approved source erature Control	55-	□ IN □ OUT □N/	Warewashing facilities: installed, maintained, used; test strips				
40 🗵 IN 🗆 C	DUT	Proper cooling methods used; adequate equipment for temperature control			56 ☐ IN ☐ OUT Nonfood-contact surfaces clean  Physical Facilities					
41 IN I	OUT   N/O	Plant food properly cooked for hot holding			-□ IN □ OUT □N/	Hot and cold water available; adequa	Hot and cold water available; adequate pressure			
42 DIN D C	DUT   N/A   N/O	Approved thawing methods used			□ IN □OUT	levices				
43 / IN II C	DUT   N/A	Thermo	meters provided and accurate		□N/A □ N/O					
		Food Id	entification	59	.⊡-IN □ OUT □N//	Sewage and waste water properly disposed				
44 ZIN 🗆 C	DUT	Food pr	operly labeled; original container	60	Ð IN ☐ OUT ☐N/A	Toilet facilities: properly constructed, supplied, cleaned				
	Prever	lition of F	ood Contamination	61	IN OUT ON	Garbage/refuse properly disposed; facilities maintain				
45 🖾 ÎN 🗆 C			rodents, and animals not present/outer	62	-DIN DOUT	Physical facilities installed, maintained,	and clean; do	gs in		
46 IN D		Contam	s protected ination prevented during food preparation,	L.	□N/A □ N/O	outdoor dining areas				
	DUT   N/A	storage & display  Personal cleanliness			□ IN □ OUT	Adequate ventilation and lighting; design	nated areas u	ısed		
48 🗵 IN 🗆 C	OUT   N/A   N/O	Wiping	cloths: properly used and stored	64	OUT ON	A Existing Equipment and Facilities				
49   IN II C	OUT   N/A   N/O	3.00	g fruits and vegetables	a kupkabila Sa Calabila Sa Sa Sa Sa	) ************************************	Administrative				
			se of Utensils	65	DIN DOUT DN/	A 901:3-4 OAC		2		
50 DIN D C	□ IN □ OUT □N/A □ N/O In-use utensils: properly stored					301.0-4 OAO				
	☐ IN ☐ OUT ☐N/A Utensils, equipment and linens: properly stored, dried, handled				IN OUT, ON/A	3701-21 OAC				
52	DUT []N/A [] N/O		use/single-service articles: properly stored, used esistant, cloth, and latex glove use							
33 15/11/11 6	OT LINAL NIC	Jiasii-le	Observations and C	orre	ctive Actions					
			X" in appropriate box for COS and R: <b>COS</b> ≒com							
Item No. Cod		ity Level √	Comment  DISPLYC SECTION	/\	Ptail (	NERS NAVE WE	cos	R		
500	. // 1	V	CIPCLES		C.Can.	000 100 11				
			ş							
28 7.14 NO		(	prosecued sincip more traps pentioner							
						V				
		-,			ME 10	WUCO (A)				
cerry the problem										
V V										
	1	· · · · · · · · · · · · · · · · · · ·				<del>/</del>				
				*_ *_ *,						
Person in Cha	rge	, property leaves and a				Date: 12-18-23				
Environmental	Health Specialist	( a			Licensor:	N/III	111 the state of t			
	C, parks	( _ (	And the state of t			<u>XTIU</u>	7			

NC= NON-CRITICAL PRIORITY LEVEL: C= CRITICAL

Page\_\_\_\_\_\_\_ of\_\_()\_\_\_\_

Name of Facility