

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

Name of facility <i>Red House Operations</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1127</i>	Date <i>6-15-21</i>
Address <i>1000 N High Street</i>	City/State/Zip Code <i>Cincinnati, OH 45219</i>		
License holder <i>Red House Operations</i>	Inspection Time <i>5:00</i>	Travel Time <i>10</i>	Category/Descriptive <i>CIA</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		
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
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	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Certified Food Protection Manager	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Employee Health		
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Management, food employees and conditional employees; knowledge, responsibilities and reporting	Time as a public health control: procedures & records	
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory	
Proper use of restriction and exclusion	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
Procedures for responding to vomiting and diarrheal events	Consumer advisory provided for raw or undercooked foods	
Good Hygienic Practices		
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Highly Susceptible Populations	
Proper eating, tasting, drinking, or tobacco use	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<input type="checkbox"/> N/A	
No discharge from eyes, nose, and mouth	Pasteurized foods used; prohibited foods not offered	
Preventing Contamination by Hands		
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Chemical	
Hands clean and properly washed	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
Adequate handwashing facilities supplied & accessible	Toxic substances properly identified, stored, used	
Approved Source		
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Conformance with Approved Procedures	
Food obtained from approved source	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A	
Food received at proper temperature	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Food in good condition, safe, and unadulterated	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Special Requirements: Fresh Juice Production	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Required records available: shellstock tags, parasite destruction	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Protection from Contamination		
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food separated and protected	Special Requirements: Custom Processing	
16 <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	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food-contact surfaces: cleaned and sanitized	Special Requirements: Bulk Water Machine Criteria	
17 <input type="checkbox"/> IN <input type="checkbox"/> OUT	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Time/Temperature Controlled for Safety Food (TCS food)		
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> N/A	
Proper cooking time and temperatures	Critical Control Point Inspection	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> N/A	
Proper reheating procedures for hot holding	Process Review	
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> N/A	
Proper cooling time and temperatures	Variance	
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<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>	
<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		

