



# Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility St Dennis K of C # 1756	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1134	Date 3-25-24
Address 8440 St rt 47	City/State/Zip Code Versailles, OH 45380		
License holder St Dennis K of C # 1756	Inspection Time 30	Travel Time 15	Category/Descriptive NC 45
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

##### Supervision

- 1  IN  OUT  N/A Person in charge present, demonstrates knowledge, and performs duties
- 2  IN  OUT  N/A Certified Food Protection Manager

##### Employee Health

- 3  IN  OUT  N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting
- 4  IN  OUT  N/A Proper use of restriction and exclusion
- 5  IN  OUT  N/A Procedures for responding to vomiting and diarrheal events

##### Good Hygienic Practices

- 6  IN  OUT  N/O Proper eating, tasting, drinking, or tobacco use
- 7  IN  OUT  N/O No discharge from eyes, nose, and mouth

##### Preventing Contamination by Hands

- 8  IN  OUT  N/O Hands clean and properly washed
- 9  IN  OUT  N/A No bare hand contact with ready-to-eat foods or approved alternate method properly followed

- 10  IN  OUT  N/A Adequate handwashing facilities supplied & accessible

##### Approved Source

- 11  IN  OUT Food obtained from approved source
- 12  IN  OUT  N/A Food received at proper temperature
- 13  IN  OUT Food in good condition, safe, and unadulterated
- 14  IN  OUT  N/A Required records available: shellstock tags, parasite destruction

##### Protection from Contamination

- 15  IN  OUT  N/A Food separated and protected
- 16  IN  OUT  N/A Food-contact surfaces: cleaned and sanitized
- 17  IN  OUT Proper disposition of returned, previously served, reconditioned, and unsafe food

##### Time/Temperature Controlled for Safety Food (TCS food)

- 18  IN  OUT  N/A Proper cooking time and temperatures
- 19  IN  OUT  N/A Proper reheating procedures for hot holding
- 20  IN  OUT  N/A Proper cooling time and temperatures
- 21  IN  OUT  N/A Proper hot holding temperatures
- 22  IN  OUT  N/A Proper cold holding temperatures

#### Compliance Status

##### Time/Temperature Controlled for Safety Food (TCS food)

- 23  IN  OUT  N/A Proper date marking and disposition
- 24  IN  OUT  N/A Time as a public health control: procedures & records

##### Consumer Advisory

- 25  IN  OUT  N/A Consumer advisory provided for raw or undercooked foods

##### Highly Susceptible Populations

- 26  IN  OUT  N/A Pasteurized foods used; prohibited foods not offered

##### Chemical

- 27  IN  OUT  N/A Food additives: approved and properly used
- 28  IN  OUT  N/A Toxic substances properly identified, stored, used

##### Conformance with Approved Procedures

- 29  IN  OUT  N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
- 30  IN  OUT  N/A Special Requirements: Fresh Juice Production
- 31  IN  OUT  N/A Special Requirements: Heat Treatment Dispensing Freezers
- 32  IN  OUT  N/A Special Requirements: Custom Processing
- 33  IN  OUT  N/A Special Requirements: Bulk Water Machine Criteria
- 34  IN  OUT  N/A Special Requirements: Acidified White Rice Preparation Criteria
- 35  IN  OUT  N/A Critical Control Point Inspection
- 36  IN  OUT  N/A Process Review
- 37  IN  OUT  N/A Variance

**Risk factors** are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

**Public health interventions** are control measures to prevent foodborne illness or injury.



SCANNED

State of Ohio  
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility St Dennis k of C # 1756	Type of Inspection Standard / CCD	Date 3-25-24
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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

Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils		Administrative	
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	901:3-4 OAC
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	3701-21 OAC
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use	

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			Satisfactory Inspection	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			Critical Control Point - No critical violations	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge Krestina Harman	Date: 3-25-24
Environmental Health Specialist Cathryn Perry	Licensor: DCHD