

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

Name of facility WALTON COUNTRY CLUB	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 1172	Date 5-20-14
Address 2000 LUSSELL RD	City/State/Zip Code UNION TWP, OH 45390		
License holder WALTON COUNTRY CLUB	Inspection Time 60	Travel Time 30	Category/Descriptive C35
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	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Certified Food Protection Manager	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Employee Health		
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory	
Management, food employees and conditional employees; knowledge, responsibilities and reporting	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
Proper use of restriction and exclusion	Consumer advisory provided for raw or undercooked foods	
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Population	
Procedures for responding to vomiting and diarrheal events	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Good Hygienic Practices		
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<input type="checkbox"/> N/A	
Proper eating, tasting, drinking, or tobacco use	Pasteurized foods used; prohibited foods not offered	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Chemical	
No discharge from eyes, nose, and mouth	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Preventing Contamination by Hands		
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<input type="checkbox"/> N/A	
Hands clean and properly washed	28 <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	29 <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	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Approved Source		
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food obtained from approved source	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food received at proper temperature	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food in good condition, safe, and unadulterated	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Required records available: shellstock tags, parasite destruction	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Protection from Contamination		
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food separated and protected	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
16 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A	
Food-contact surfaces: cleaned and sanitized	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
17 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A	
Proper disposition of returned, previously served, reconditioned, and unsafe food	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Time/Temperature Controlled for Safety Food (TCS food)		
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A	
Proper cooking time and temperatures	Process Review	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> N/A	
Proper reheating procedures for hot holding	Variance	
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper cooling time and temperatures		
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper hot holding temperatures		
22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures		

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.

