

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

Name of facility <i>Winnert's Market (low M)</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>16</i>	Date <i>10-21-07</i>
Address <i>3501 St. ... 502</i>	City/State/Zip Code <i>Covington, OH 45301</i>		
License holder <i>Winnert's Market</i>	Inspection Time <i>30</i>	Travel Time <i>10</i>	Category/Descriptive <i>C35</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	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Certified Food Protection Manager	Time as a public health control: procedures & records	
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Procedures for responding to vomiting and diarrheal events	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Good Hygienic Practices		Pasteurized foods used; prohibited foods not offered
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Chemical	
Proper eating, tasting, drinking, or tobacco use	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	Food additives: approved and properly used
Preventing Contamination by Hands		28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	Toxic substances properly identified, stored, used
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Conformance with Approved Procedures	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	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	Adequate handwashing facilities supplied & accessible	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
Approved Source		30 <input type="checkbox"/> IN <input type="checkbox"/> OUT
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	Special Requirements: Fresh Juice Production
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food received at proper temperature	31 <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	Special Requirements: Heat Treatment Dispensing Freezers
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Required records available: shellstock tags, parasite destruction	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Protection from Contamination	Special Requirements: Custom Processing
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	15 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Special Requirements: Bulk Water Machine Criteria
Food separated and protected	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT
16 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned and sanitized	Special Requirements: Acidified White Rice Preparation Criteria
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Critical Control Point Inspection
Proper disposition of returned, previously served, reconditioned, and unsafe food	Time/Temperature Controlled for Safety: Food (TCS food)	
Time/Temperature Controlled for Safety: Food (TCS food)		18 <input type="checkbox"/> IN <input type="checkbox"/> OUT
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooking time and temperatures	<input type="checkbox"/> N/A <input type="checkbox"/> N/O
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper reheating procedures for hot holding	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Process Review
Proper cooling time and temperatures	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper hot holding temperatures	Variance
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Proper cold holding temperatures	<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>	

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Winters' Meat Farm</i>	Type of Inspection <i>Sanitized</i>	Date <i>6-27-24</i>
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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 Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities		
40	<input checked="" 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 Nonfood-contact surfaces clean	
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 Hot and cold water available; adequate pressure	
42	<input 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 Plumbing installed; proper backflow devices	
43	<input checked="" 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 Sewage and waste water properly disposed	
Food Identification		Administrative		
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned	
Prevention of Food Contamination				
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	61 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	62 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	
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	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	Administrative	
Proper Use of Utensils				
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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
			<i>Satisfactory @ inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			<i>* please send water sample</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>(containing) molting chicken (containing) ...</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <i>6-27-24</i>
Environmental Health Specialist <i>[Signature]</i>	Licensor: <i>DCIID</i>