

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

|   |   |                              |  |
|---|---|------------------------------|--|
| Name of facility<br><b>ARCANUM COMMUNITY POOL</b>   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><b>324</b> | Date<br><b>7-19-21</b>                 |
| Address<br><b>1 2001 drive</b>  | City/State/Zip Code<br><b>ARCANUM OH 45321</b>                                    |                              |  |
| License holder<br><b>manager of arcenum</b>   | Inspection Time<br><b>3:01</b>  | Travel Time<br><b>46</b>     | Category/Descriptive<br><b>N/A</b>     |
| Type of Inspection (check all that apply)<br><input checked="" 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<br><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 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Certified Food Protection Manager                                     |

**Employee Health**

- |   |  |   |
|---|--|---|
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Management, food employees and conditional employees; knowledge, responsibilities and reporting |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper use of restriction and exclusion   |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Procedures for responding to vomiting and diarrheal events                                      |

**Good Hygiene Practices**

- |   |  |  |
|---|--|--|
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking, or tobacco use |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose, and mouth          |

**Preventing Contamination by Hands**

- |    |  |   |
|----|--|---|
| 8  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                   | Hands clean and properly washed   |
| 9  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <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 |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   | Adequate handwashing facilities supplied & accessible                                       |

**Approved Sources**

- |    |  |   |
|----|--|---|
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food obtained from approved source                                |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food received at proper temperature                               |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food in good condition, safe, and unadulterated                   |
| 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 |

**Protection from Contamination**

- |    |   |   |
|----|---|---|
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated and protected  |
| 16 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Food-contact surfaces: cleaned and sanitized                                      |
| 17 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Proper disposition of returned, previously served, reconditioned, and unsafe food |

**Time/Temperature Controlled for Safety - Food (TCS - food)**

- |    |  |   |
|----|--|---|
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooking time and temperatures        |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper reheating procedures for hot holding |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooling time and temperatures        |
| 21 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper hot holding temperatures             |
| 22 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   | Proper cold holding temperatures            |

**Compliance Status**

**Time/Temperature Controlled for Safety - Food (TCS - food)**

- |    |  |   |
|----|--|---|
| 23 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper date marking and disposition                   |
| 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Time as a public health control: procedures & records |

**Consumer Advisory**

- |    |   |   |
|----|---|---|
| 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked foods |
|----|---|---|

**Highly-Susceptible Populations**

- |    |   |  |
|----|---|--|
| 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered |
|----|---|--|

**Chemical**

- |    |  |  |
|----|--|--|
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used         |
| 28 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A            | Toxic substances properly identified, stored, used |

**Conformance with Approved Procedures**

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

