

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

| | | | |
|---|---|------------------------------|--|
| Name of facility Pizza Hut # 34) | Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number 300 | Date 11/6/24 |
| Address 1520 Wagner Ave | City/State/Zip Code Copewell, OH 45331 | | |
| License holder SFRX Holdings LLC | Inspection Time 70 | Travel Time 10 | Category/Descriptive (35) |
| Type of Inspection (check all that apply) <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 <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 | |
|--|---|--|---|
| Supervisors | | Time/Temperature Control for Safety (TCS) (601) | |
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 23 | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | Proper date marking and disposition |
| Employee Health | | 24 | Time as a public health control: procedures & records |
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Consumer Advisory | |
| 4 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 25 | 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 | |
| Food Hygiene Practices | | 26 | Pasteurized foods used; prohibited foods not offered |
| 6 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O | Chemical | |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | 27 | Food additives: approved and properly used |
| Preventing Contamination by Hands | | 28 | Toxic substances properly identified, stored, used |
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Compliance with Approved Processes | |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 29 | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 10 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | 30 | Special Requirements: Fresh Juice Production |
| Approved Sources | | 31 | Special Requirements: Heat Treatment Dispensing Freezers |
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 32 | Special Requirements: Custom Processing |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 33 | Special Requirements: Bulk Water Machine Criteria |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 34 | Special Requirements: Acidified White Rice Preparation Criteria |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 35 | Critical Control Point Inspection |
| Protection from Contamination | | 36 | Process Review |
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 37 | Variance |
| 16 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | <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> | |
| 17 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | | |
| Time/Temperature Control for Safety (TCS) (601) | | | |
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | | |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | | |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | | |
| 21 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| 22 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | | |

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| | | |
|---|---------------------------------------|------------------------|
| Name of Facility <i>Pizza Hut # 39</i> | Type of Inspection <i>Standard</i> | Date <i>11/6/24</i> |
|---|---------------------------------------|------------------------|

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 | 54 | <input type="checkbox"/> IN <input type="checkbox"/> OUT |
| Pasteurized eggs used where required | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | |
| 39 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 55 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Water and ice from approved source | | Warewashing facilities: installed, maintained, used; test strips | |
| Food Temperature Control | | Physical Facilities | |
| 40 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 56 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Proper cooling methods used; adequate equipment for temperature control | | Nonfood-contact surfaces clean | |
| 41 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 57 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Plant food properly cooked for hot holding | | 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 | 58 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Approved thawing methods used | | Plumbing installed; proper backflow devices | |
| 43 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 59 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Thermometers provided and accurate | | Sewage and waste water properly disposed | |
| 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 | Toilet facilities: properly constructed, supplied, cleaned | |
| Food properly labeled; original container | | 61 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Prevention of Food Contamination | | Garbage/refuse properly disposed; facilities maintained | |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 62 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Insects, rodents, and animals not present/outer openings protected | | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas | |
| 46 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | 63 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| Contamination prevented during food preparation, storage & display | | Adequate ventilation and lighting; designated areas used | |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 64 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Personal cleanliness | | Existing Equipment and Facilities | |
| 48 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Administrative | |
| Wiping cloths: properly used and stored | | 65 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 901:3-4 OAC | |
| Washing fruits and vegetables | | 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Proper Use of Utensils | | 3701-21 OAC | |
| 50 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | In-use utensils: properly stored | |
| 51 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Utensils, equipment and linens: properly stored, dried, handled | |
| 52 | <input 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 checked="" 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 |
|----------|--------------|----------------|---|-------------------------------------|--------------------------|
| 10 | 6.2 C | NC | Observed no hand towels at front hand sink | <input type="checkbox"/> | <input type="checkbox"/> |
| 56 | 4.5 A3 | NC | Observed dirty shield throughout Star | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | 6.4 B | NC | Observed dirty floor and walls throughout Star | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 | 3.2 4 | NC | Observed dirty fan guards in walk in | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | 3.4 F1B | C | Observed food items in prep unit by walk in Temping at 48°F, PIC moved items to walk in | <input checked="" 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>Jessica Jones</i> | Date: <i>11/6/24</i> |
| Environmental Health Specialist <i>Maddy</i> | Licenser: <i>DEHD</i> |

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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