

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

|  |   |                              |  |
|--|---|------------------------------|--|
| Name of facility<br><i>The Old School Restaurant</i>   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><i>239</i> | Date<br><i>9-2-24</i>                  |
| Address<br><i>2300 1st St SW</i>   | City/State/Zip Code<br><i>VALENTIA OH 45381</i>                                   |                              |  |
| License holder<br><i>MARIE (211111)</i>  | Inspection Time<br><i>60</i>  | Travel Time<br><i>30</i>     | Category/Descriptive<br><i>15</i>      |
| Type of Inspection (check all that apply)<br><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<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   |  | Compliance Status  |  |
|---|--|--|--|
| <b>Supervision</b>  |  | <b>Time/Temperature Controlled for Safety Food (TCS food)</b>  |  |
| 1   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Person in charge present, demonstrates knowledge, and performs duties   | 23   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper date marking and disposition                             |
| 2   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Certified Food Protection Manager   | 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Time as a public health control: procedures & records           |
| <b>Employee Health</b>  |  | <b>Consumer Advisory</b>   |  |
| 3   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Management, food employees and conditional employees; knowledge, responsibilities and reporting                  | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Consumer advisory provided for raw or undercooked foods                                      |
| 4   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Proper use of restriction and exclusion   | <b>Highly Susceptible Populations</b>  |  |
| 5   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Procedures for responding to vomiting and diarrheal events  | 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Pasteurized foods used; prohibited foods not offered   |
| <b>Good Hygiene Practices</b>                                 |  | <b>Chemical</b>  |  |
| 6   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>Proper eating, tasting, drinking, or tobacco use  | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Food additives: approved and properly used   |
| 7   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>No discharge from eyes, nose, and mouth   | 28   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Toxic substances properly identified, stored, used   |
| <b>Preventing Contamination by Hands</b>                      |  | <b>Conformance with Approved Procedures</b>  |  |
| 8   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>Hands clean and properly washed   | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan        |
| 9   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Fresh Juice Production                    |
| 10  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Adequate handwashing facilities supplied & accessible   | 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Heat Treatment Dispensing Freezers        |
| <b>Approved Source</b>  |  | 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Custom Processing                         |
| 11  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food obtained from approved source   | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Bulk Water Machine Criteria               |
| 12  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Food received at proper temperature   | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Acidified White Rice Preparation Criteria |
| 13  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food in good condition, safe, and unadulterated  | 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Critical Control Point Inspection  |
| 14  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Required records available: shellstock tags, parasite destruction                           | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Process Review   |
| <b>Protection from Contamination</b>                          |  | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Variance   |
| 15  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Food separated and protected  | <b>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</b> |  |
| 16  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Food-contact surfaces: cleaned and sanitized  | <b>Public health interventions are control measures to prevent foodborne illness or injury.</b>  |  |
| 17  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br>Proper disposition of returned, previously served, reconditioned, and unsafe food  |  |  |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b> |  |  |  |
| 18  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper cooking time and temperatures  |  |  |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper reheating procedures for hot holding   |  |  |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper cooling time and temperatures  |  |  |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper hot holding temperatures   |  |  |
| 22  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Proper cold holding temperatures  |  |  |

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |   |                        |
|--|---|------------------------|
| Name of Facility<br><i>The Old (1900) Restaurant</i> | Type of Inspection<br><i>Compliance</i> | Date<br><i>9/10/24</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 checked="" 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   |
| Pasturized eggs used where required                                     |   | 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   | 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  |   | 56  | <input type="checkbox"/> IN <input type="checkbox"/> OUT   |
| 40  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Nonfood-contact surfaces clean  |  |
| Proper cooling methods used; adequate equipment for temperature control |   | Physical Facilities   |  |
| 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | 59  | <input 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                   |
| Prevention of Food Contamination  |   | Garbage/refuse properly disposed; facilities maintained                               |  |
| 45  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT   | 62  | <input type="checkbox"/> IN <input 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 type="checkbox"/> OUT  | 63  | <input type="checkbox"/> IN <input type="checkbox"/> OUT   |
| Contamination prevented during food preparation, storage & display      |   | Adequate ventilation and lighting; designated areas used                              |  |
| 47  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | 64  | <input checked="" 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 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            | 901:3-4 OAC   |  |
| Washing fruits and vegetables   |   | 66  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Proper Use of Utensils  |   | 3701-21 OAC   |  |
| 50  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            |   |  |
| In-use utensils: properly stored  |   |   |  |
| 51  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |   |  |
| Utensils, equipment and linens: properly stored, dried, handled         |   |   |  |
| 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                        |
|----------|--------------|----------------|---------------------------------------|-------------------------------------|--------------------------|
| 44       | 6308         | C              | Washed hands before handling food. OK | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |              |                | Properly stored                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 45       | 6318         | NC             | Sign in back of house                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |              |                | Properly stored                       | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |              |                | Critical control point                | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |              |                | Not observed                          | <input type="checkbox"/>            | <input type="checkbox"/> |
| 46       | 6308         | C              | Properly stored ice                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |              |                | Properly stored                       | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |              |                | Sign in back of house                 | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |              |                | Properly stored                       | <input type="checkbox"/>            | <input type="checkbox"/> |

|   |                               |
|---|-------------------------------|
| Person in Charge<br><i>[Signature]</i>                | Date: <i>9/10/24</i>          |
| Environmental Health Specialist<br><i>[Signature]</i> | Licensors: <i>[Signature]</i> |

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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