

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

Name of facility <i>Village of Versailles Pool</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>195</i>	Date <i>7-25-11</i>
Address <i>1014 Woodland Dr</i>		City/State/Zip Code <i>Versailles, OH 45380</i>	
License holder <i>Village of Versailles</i>	Inspection Time <i>30</i>	Travel Time <i>45</i>	Category/Descriptive <i>AC 25</i>
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		
<b>Supervision</b>			
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Person in charge present, demonstrates knowledge, and performs duties	Proper date marking and disposition		
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Certified Food Protection Manager	Time as a public health control: procedures & records		
<b>Employee Health</b>			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Management, food employees and conditional employees; knowledge, responsibilities and reporting	Consumer advisory provided for raw or undercooked foods		
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>		
Proper use of restriction and exclusion	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered		
Procedures for responding to vomiting and diarrheal events	<b>Chemical</b>		
<b>Good Hygienic Practices</b>			
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper eating, tasting, drinking, or tobacco use	Food additives: approved and properly used		
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
No discharge from eyes, nose, and mouth	Toxic substances properly identified, stored, used		
<b>Preventing Contamination by Hands</b>			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<b>Conformance with Approved Procedures</b>		
Hands clean and properly washed	29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan		
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	30 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
No bare hand contact with ready-to-eat foods or approved alternate method properly followed	Special Requirements: Fresh Juice Production		
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	31 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Adequate handwashing facilities supplied & accessible	Special Requirements: Heat Treatment Dispensing Freezers		
<b>Approved Source</b>			
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT	32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Food obtained from approved source	Special Requirements: Custom Processing		
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT		
Food received at proper temperature	Special Requirements: Bulk Water Machine Criteria		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT		
Food in good condition, safe, and unadulterated	Special Requirements: Acidified White Rice Preparation Criteria		
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT		
Required records available: shellstock tags, parasite destruction	Critical Control Point Inspection		
<b>Protection from Contamination</b>			
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT		
Food separated and protected	Process Review		
16 <input type="checkbox"/> IN <input type="checkbox"/> OUT	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT		
Food-contact surfaces: cleaned and sanitized	Variance		
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<p><b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p>		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			
Proper cooking time and temperatures			
19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			
Proper reheating procedures for hot holding			
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			
Proper cold holding temperatures			

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Village of Canton</i>	Type of Inspection <i>SIC/FOOD</i>	Date <i>7.25.24</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 checked="" 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 checked="" 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 checked="" 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
Prevention of Food Contamination		61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained	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
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	
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	
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input checked="" 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"/>
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Person in Charge <i>Christopher Simon</i>	Date: <i>7/23/24</i>
Environmental Health Specialist <i>C. M.</i>	Licensor: <i>DC 110</i>