

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility EAST OF CHICAGO	Check one <input type="radio"/> FSO <input checked="" type="radio"/> RFE	License Number 427	Date 09/27/2018
Address 205 1/2 DEFIANCE ST.	City/Zip Code WAPAKONETA 45895		
License holder TONY COLLINS	Inspection Time 60	Travel Time 15	Category/Descriptive COMMERCIAL CLASS 3 <25,000 SQ. FT.
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	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	23	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition
2	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	24	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Time as a public health control: procedures & records
Employee Health		Consumer Advisory	
3	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	25	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Consumer advisory provided for raw or undercooked foods
4	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Highly Susceptible Populations	
5	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	26	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	27	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food additives: approved and properly used
7	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	28	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Toxic substances properly identified, stored, used
Preventing Contamination by Hands		Conformance with Approved Procedures	
8	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	29	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	30	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Special Requirements: Fresh Juice Production
10	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
Approved Source		32	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Special Requirements: Custom Processing
11	<input type="radio"/> IN <input type="radio"/> OUT	33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Special Requirements: Bulk Water Machine Criteria
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Special Requirements: Acidified White Rice Preparation Criteria
13	<input type="radio"/> IN <input type="radio"/> OUT	35	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Critical Control Point Inspection
14	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Process Review
Protection from Contamination		37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Variance
15	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> 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>	
16	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
17	<input type="radio"/> IN <input type="radio"/> OUT		
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
19	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
21	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
22	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		

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Name of Facility EAST OF CHICAGO	Type of Inspection sta	Date 09/27/2018
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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="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Pasteurized eggs used where required	54	<input type="radio"/> IN <input type="radio"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	55	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control			Physical Facilities		
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56	<input type="radio"/> IN <input type="radio"/> OUT	Nonfood-contact surfaces clean
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding	57	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Hot and cold water available; adequate pressure
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used	58	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Plumbing installed; proper backflow devices
43	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Thermometers provided and accurate	59	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Sewage and waste water properly disposed
Food Identification			60	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
44	<input type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container	61	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination			62	<input type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, and clean
45	<input type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, and animals not present/outer openings protected	63	<input type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation and lighting; designated areas used
46	<input type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	64	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Existing Equipment and Facilities
47	<input type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	Administrative		
48	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Wiping cloths: properly used and stored	65	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	901:3-4 OAC
49	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Washing fruits and vegetables	66	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	3701-21 OAC
Proper Use of Utensils					
50	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	In-use utensils: properly stored			
51	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Utensils, equipment and linens: properly stored, dried, handled			
52	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Single-use/single-service articles: properly stored, used			
53	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Slash-resistant and cloth 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
				<input type="radio"/>	<input type="radio"/>

Person in Charge	Date 09/27/2018
Sanitarian CHRIS MILLER RS/SIT# 3139	Licensors: Auglaize County Health Department

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL

As per HEA 5302B The Baldwin Group, Inc. (7/18)

As per AGR 1268 The Baldwin Group, Inc. (7/18)