

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility GOBOWL LLC	Check one <input checked="" type="radio"/> FSO <input type="radio"/> RFE	License Number 511	Date 02/27/2019
Address 1113 APOLLO DR.	City/Zip Code WAPAKONETA 45895		
License holder GOBOWL LLC	Inspection Time 60	Travel Time 5	Category/Descriptive COMMERCIAL CLASS 3 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="radio"/> Standard <input type="radio"/> Critical Control Point (FSO) <input type="radio"/> Process Review (RFE) <input type="radio"/> Variance Review <input type="radio"/> Follow Up <input type="radio"/> Foodborne <input type="radio"/> 30 Day <input type="radio"/> Complaint <input type="radio"/> Pre-licensing <input type="radio"/> 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 checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A
Management, food employees and conditional employee; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	33	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input checked="" 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 checked="" type="radio"/> N/A <input type="radio"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	35	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input checked="" 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 checked="" type="radio"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
15	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Variance	
Food separated and protected		<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 checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food-contact surfaces: cleaned and sanitized			
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooking time and temperatures			
19	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cooling time and temperatures			
21	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper cold holding temperatures			

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Name of Facility GOBOWL LLC	Type of Inspection sta	Date 02/27/2019
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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="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Pasteurized eggs used where required	54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	55	<input checked="" 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 checked="" 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 checked="" type="radio"/> OUT	Nonfood-contact surfaces clean
41	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding	57	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Hot and cold water available; adequate pressure
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used	58	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Plumbing installed; proper backflow devices
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Thermometers provided and accurate	59	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Sewage and waste water properly disposed
Food Identification			60	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
44	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Food properly labeled; original container	61	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination			62	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, and clean
45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, and animals not present/outer openings protected	63	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation and lighting; designated areas used
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	64	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Existing Equipment and Facilities
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	Administrative		
48	<input checked="" 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 checked="" type="radio"/> N/A	901-3-4 OAC
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Washing fruits and vegetables	66	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	3701-21 OAC
Proper Use of Utensils					
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	In-use utensils: properly stored			
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Utensils, equipment and linens: properly stored, dried, handled			
52	<input checked="" 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 checked="" 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
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation Raw sausage is stored above RTE foods. Raw eggs are stored on cheese. Containers of food are not covered in the freezer. Corrected by moving foods.	<input checked="" type="radio"/>	<input type="radio"/>
44	3717-1-03.2(D)	NC	Food storage containers - identified with common name of food. Squirt bottles are not labeled with common name of foods.	<input type="radio"/>	<input type="radio"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. Back splash on griddle is dirty. Door handles and doors on freezers are dirty in storage area.	<input type="radio"/>	<input type="radio"/>

Person in Charge	Date 02/27/2019
Sanitarian AARON LONGSWORTH RS/SIT# 3034	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)