

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility SUBWAY SANDWICHES	Check one <input checked="" type="radio"/> FSO <input type="radio"/> RFE	License Number 490	Date 02/20/2019
Address 112 E. AUGLAIZE ST.	City/Zip Code WAPAKONETA 45895		
License holder SHREE MUL MILAVA CORPORATION	Inspection Time 40	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	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
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	
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" 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	<b>Highly Susceptible Populations</b>	
Proper use of restriction and exclusion		26	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" 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		<b>Chemical</b>	
<b>Good Hygienic Practices</b>		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		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		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
<b>Approved Source</b>		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 type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" 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 type="radio"/> IN <input type="radio"/> OUT <input checked="" 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	
<b>Protection from Contamination</b>		37	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Variance	
Food separated and protected		<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>	
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			
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
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 type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooling time and temperatures			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper hot holding temperatures			
22	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A		
Proper cold holding temperatures			

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> SUBWAY SANDWICHES	<b>Type of Inspection</b> sta	<b>Date</b> 02/20/2019
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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	✓ IN ○ OUT ○ N/A ○ N/O	54	✓ IN ○ OUT
	Pasteurized eggs used where required		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	✓ IN ○ OUT	55	✓ IN ○ OUT ○ N/A
	Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		56	✓ IN ○ OUT
40	○ IN ○ OUT ○ N/A ✓ N/O		Nonfood-contact surfaces clean
	Proper cooling methods used; adequate equipment for temperature control	Physical Facilities	
41	○ IN ○ OUT ○ N/A ✓ N/O	57	✓ IN ○ OUT ○ N/A
	Plant food properly cooked for hot holding		Hot and cold water available; adequate pressure
42	✓ IN ○ OUT ○ N/A ○ N/O	58	✓ IN ○ OUT ○ N/A
	Approved thawing methods used		Plumbing installed; proper backflow devices
43	✓ IN ○ OUT ○ N/A	59	✓ IN ○ OUT ○ N/A
	Thermometers provided and accurate		Sewage and waste water properly disposed
Food Identification		60	✓ IN ○ OUT ○ N/A
44	○ IN ✓ OUT		Toilet facilities: properly constructed, supplied, cleaned
	Food properly labeled; original container	61	○ IN ✓ OUT ○ N/A
Prevention of Food Contamination			Garbage/refuse properly disposed; facilities maintained
45	✓ IN ○ OUT	62	○ IN ✓ OUT
	Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean
46	✓ IN ○ OUT	63	✓ IN ○ OUT
	Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used
47	✓ IN ○ OUT	64	✓ IN ○ OUT ○ N/A
	Personal cleanliness		Existing Equipment and Facilities
48	✓ IN ○ OUT ○ N/A ○ N/O	Administrative	
	Wiping cloths: properly used and stored	65	✓ IN ○ OUT ○ N/A
49	✓ IN ○ OUT ○ N/A ○ N/O		901:3-4 OAC
	Washing fruits and vegetables	66	✓ IN ○ OUT ○ N/A
Proper Use of Utensils			3701-21 OAC
50	✓ IN ○ OUT ○ N/A ○ N/O		
	In-use utensils: properly stored		
51	✓ IN ○ OUT ○ N/A		
	Utensils, equipment and linens: properly stored, dried, handled		
52	✓ IN ○ OUT ○ N/A		
	Single-use/single-service articles: properly stored, used		
53	○ IN ○ OUT ✓ N/A ○ 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
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding. The walk-in cooler is running at 54F. The following food temperatures were 54F: roast beef, turkey, cold cuts combo, steak. A repairman showed up and fixed the unit during the inspection. All lids were removed to allow quick cooling.	✓	○
44	3717-1-03.2(D)	NC	Food storage containers - identified with common name of food. Spice shakers are not labeled. Labeled during inspection to correct.	✓	○
61	3717-1-05.4(N)	NC	Covering receptacles. Dumpster lid was open during inspection. Closed to correct.	✓	○
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. Walk-in freezer has ice buildup.	○	○

<b>Person in Charge</b> AARON LONGSWORTH      RS/SIT# 3034	<b>Date</b> 02/20/2019
<b>Sanitarian</b> AARON LONGSWORTH	<b>Licensor:</b> 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)