

State of Ohio
Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Camp Sychar	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number 24	Date 8/3/16
Address 201 Sychar Rd., Mt. Vernon		Category/Descriptive MC35	
License holder Grace Baughman	Inspection time (min) 30	Travel time (min) 10	Other 1036
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>		Follow-up date (if required)	Sample date/result (if required)

3717-1 OAC Violation Checked

Management and Personnel

<input type="checkbox"/> 2.1 Employee health
<input type="checkbox"/> 2.2 Personal cleanliness
<input type="checkbox"/> 2.3 Hygienic practices
<input type="checkbox"/> 2.4 Supervision

<input type="checkbox"/> 4.4 Maintenance and operation
<input type="checkbox"/> 4.5 Cleaning of equipment and utensils
<input type="checkbox"/> 4.6 Sanitizing of equipment and utensils
<input type="checkbox"/> 4.7 Laundering
<input type="checkbox"/> 4.8 Protection of clean items

Poisonous or Toxic Materials

<input type="checkbox"/> 7.0 Labeling and identification
<input type="checkbox"/> 7.1 Operational supplies and applications
<input type="checkbox"/> 7.2 Storage and display separation

Food

<input type="checkbox"/> 3.0 Safe, unadulterated and honestly presented
<input type="checkbox"/> 3.1 Sources, specifications and original containers
<input type="checkbox"/> 3.2 Protection from contamination after receiving
<input type="checkbox"/> 3.3 Destruction of organisms
<input type="checkbox"/> 3.4 Limitation of growth of organisms
<input type="checkbox"/> 3.5 Identity, presentation, on premises labeling
<input type="checkbox"/> 3.6 Discarding or reconditioning unsafe, adulterated
<input type="checkbox"/> 3.7 Special requirements for highly susceptible populations

Water, Plumbing, and Waste

<input type="checkbox"/> 5.0 Water
<input type="checkbox"/> 5.1 Plumbing system
<input type="checkbox"/> 5.2 Mobile water tanks
<input type="checkbox"/> 5.3 Sewage, other liquid waste and rainwater
<input type="checkbox"/> 5.4 Refuse, recyclables, and returnables

Special Requirements

<input type="checkbox"/> 8.0 Fresh juice production
<input type="checkbox"/> 8.1 Heat treatment dispensing freezers
<input type="checkbox"/> 8.2 Custom processing
<input type="checkbox"/> 8.3 Bulk water machine criteria
<input type="checkbox"/> 8.4 Acidified white rice preparation criteria
<input type="checkbox"/> 9.0 Facility layout and equipment specifications
<input type="checkbox"/> 20 Existing facilities and equipment

Equipment, Utensils, and Linens

<input type="checkbox"/> 4.0 Materials for construction and repair
<input type="checkbox"/> 4.1 Design and construction
<input type="checkbox"/> 4.2 Numbers and capacities
<input type="checkbox"/> 4.3 Location and installation

Physical Facilities

<input type="checkbox"/> 6.0 Materials for construction and repair
<input type="checkbox"/> 6.1 Design, construction, and installation
<input type="checkbox"/> 6.2 Numbers and capacities
<input type="checkbox"/> 6.3 Location and placement
<input type="checkbox"/> 6.4 Maintenance and operation

Administrative

<input type="checkbox"/> 901:3-4 OAC
<input type="checkbox"/> 3701-21 OAC

Violation(s)/Comment(s)

- Facility prepping food at time of inspection. No hot holding observed at time of inspection. After reaching proper cooking temperature hold at 135°F or above

- All cold holding acceptable at time of inspection 41°F or below

- Observed disposable gloves in use to handle ready to eat foods

- Date marking procedure in place.

- Metal stem probe thermometers present

Quat Ammonia sanitizer used for dishwashing, test kit present

Chlorine used in wiping cloth buckets, provide test kit

Inspected by <i>[Signature]</i>	R.S./SIT # 3458	Licensor Knox Co Health Dept
Received by <i>[Signature]</i>	Title	Phone