

# State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |   |                                    |                                  |
|--|---|------------------------------------|----------------------------------|
| Name of facility<br><b>WASARUGG LLC DBA WINESTEIN</b>  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License number<br><b>370</b>       | Date<br><b>9/6/17</b>            |
| Address<br><b>156 Howard St., Mt. Vernon</b>   |   | Category/Descriptive<br><b>C45</b> |                                  |
| License holder<br><b>WASARUGG LLC DBA WINESTEIN</b>  | Inspection time (min)   | Travel time (min)                  | Other                            |
| Type of visit (check)<br><input type="checkbox"/> Standard <input checked="" type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day<br><input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other specify |   | Follow-up date (if required)       | Sample date/result (if required) |

### 3717-1 OAC Violation Checked

#### Management and Personnel

|     |                      |
|-----|----------------------|
| 2.1 | Employee health      |
| 2.2 | Personal cleanliness |
| 2.3 | Hygienic practices   |
| 2.4 | Supervision          |

#### Food

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

#### Equipment, Utensils, and Linens

|     |                                       |
|-----|---------------------------------------|
| 4.0 | Materials for construction and repair |
| 4.1 | Design and construction               |
| 4.2 | Numbers and capacities                |
| 4.3 | Location and installation             |

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

#### Water, Plumbing, and Waste

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

#### Physical Facilities

|     |  |
|-----|--|
| 6.0 | Materials for construction and repair  |
| 6.1 | Design, construction, and installation |
| 6.2 | Numbers and capacities                 |
| 6.3 | Location and placement                 |
| 6.4 | Maintenance and operation              |

#### Poisonous or Toxic Materials

|     |                                       |
|-----|---------------------------------------|
| 7.0 | Labeling and identification           |
| 7.1 | Operational supplies and applications |
| 7.2 | Storage and display separation        |

#### Special Requirements

|     |  |
|-----|--|
| 8.0 | Fresh juice production                       |
| 8.1 | Heat treatment dispensing freezers           |
| 8.2 | Custom processing                            |
| 8.3 | Bulk water machine criteria                  |
| 8.4 | Acidified white rice preparation criteria    |
| 9.0 | Facility layout and equipment specifications |
| 20  | Existing facilities and equipment            |

#### Administrative

|             |
|-------------|
| 901:3-4 OAC |
| 3701-21 OAC |

### Violation(s)/Comment(s)

Reinspection finds the following:

5.1 - Observed wiping cloth bucket in handsink - Handsink must be accessible at all times - Cease practice immediately - Corrected during inspection

4.8 - Observed cutting board and potato cutter directly next to handwash sink - Remove to prevent contamination - Place in a clean sanitary location - Correct immediately

- Cleaning improvements continue to be made

Hallway floor has been repainted and hallway de-cluttered

- Most of the grease buckets have been removed from outside

|   |                           |                         |
|---|---------------------------|-------------------------|
| Inspected by<br><i>[Signature]</i> Kelly Pradas | R.S./SIT #<br><b>3204</b> | Licensor<br><b>KNOX</b> |
| Received by<br><i>[Signature]</i>               | Title                     | Phone                   |

State of Ohio  
**Continuation Report**

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|  |               |                |
|--|---------------|----------------|
| Name of Facility<br>WASARUGB LLC DBA WINESTEIN | Type of visit | Date<br>9/6/17 |
|--|---------------|----------------|

**Violation(s)/Comment(s)**

|  |
|--|
| Continue to clean area and eliminate bui up  |
| Observed date marking  |
| Handsinks stocked and functional   |
|  |
|  |
| Note: Employee scheduled time for sushi  |
| Tuesday, Sept. 12 at 1:00 pm - Provide HACCP plan  |
|  |
|  |
| Note: Employee stated building <sup>is in the process</sup> <del>was</del> sold - Please |
| inform health dept of plans  |
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|                                    |                 |                  |  |
|------------------------------------|-----------------|------------------|--|
| Inspected by<br><i>Kelley Bias</i> | R S./SIT #<br>1 | Licensor<br>Knox |  |
| Received by<br><i>[Signature]</i>  | Title           | Phone            |  |