

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>1834 Midway Tavern</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>498</i>	Date <i>2/24/2020</i>
Address <i>29 N Clayton St. Ste C</i>	City/State/Zip Code <i>Centerburg OH 43011</i>		
License holder <i>J&amp;T Harter Enterprises LLC</i>	Inspection Time <i>120</i>	Travel Time <i>30</i>	Category/Descriptive <i>C4S</i>
Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" 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) <i>—</i>	Water sample date/result (if required) <i>—</i>

## 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

#### Supervision

- |   |  |   |
|---|--|---|
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Certified Food Protection Manager                                     |

#### Employee Health

- |   |  |   |
|---|--|---|
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Management, food employees and conditional employees, knowledge, responsibilities and reporting <i>update</i> |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper use of restriction and exclusion   |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Procedures for responding to vomiting and diarrheal events  |

#### Good Hygienic Practices

- |   |  |  |
|---|--|--|
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking, or tobacco use |
| 7 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O            | No discharge from eyes, nose, and mouth          |

#### Preventing Contamination by Hands

- |    |   |   |
|----|---|---|
| 8  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | Hands clean and properly washed   |
| 9  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Adequate handwashing facilities supplied & accessible                                       |

#### Approved Source

- |    |   |   |
|----|---|---|
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food obtained from approved source                                |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Food received at proper temperature                               |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food in good condition, safe, and unadulterated                   |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Required records available: shellstock tags, parasite destruction |

#### Protection from Contamination

- |    |   |   |
|----|---|---|
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated and protected  |
| 16 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food-contact surfaces: cleaned and sanitized                                      |
| 17 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Proper disposition of returned, previously served, reconditioned, and unsafe food |

#### Time/Temperature Controlled for Safety Food (TCS food)

- |    |   |  |
|----|---|--|
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper cooking time and temperatures                 |
| 19 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper reheating procedures for hot holding          |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper cooling time and temperatures <i>Reviewed</i> |
| 21 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper hot holding temperatures                      |
| 22 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Proper cold holding temperatures                     |

### Compliance Status

#### Time/Temperature Controlled for Safety Food (TCS food)

- |    |   |   |
|----|---|---|
| 23 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper date marking and disposition                   |
| 24 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Time as a public health control: procedures & records |

#### Consumer Advisory

- |    |  |   |
|----|--|---|
| 25 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked foods |
|----|--|---|

#### Highly Susceptible Populations

- |    |  |  |
|----|--|--|
| 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered |
|----|--|--|

#### Chemical

- |    |  |  |
|----|--|--|
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used         |
| 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toxic substances properly identified, stored, used |

#### Conformance with Approved Procedures

- |    |   |   |
|----|---|---|
| 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Special Requirements: Fresh Juice Production  |
| 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Special Requirements: Heat Treatment Dispensing Freezers                              |
| 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Custom Processing   |
| 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Bulk Water Machine Criteria                                     |
| 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Acidified White Rice Preparation Criteria                       |
| 35 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Critical Control Point Inspection   |
| 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Process Review  |
| 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Variance  |

Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <b>1834 Midway Tavern</b>	Type of Inspection <b>Starbuck/CCP</b>	Date <b>2/24/2020</b>
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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="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasturized eggs used where required	54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used, test strips
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control <i>Reviewed</i>	56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
Prevention of Food Contamination		Existing Equipment and Facilities	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils		Administrative	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex 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
19	3.4	C	Observed chicken tortilla soup being reheated in a table warmer designed to keep hot foods hot.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35			VI) Ensure proper reheating to 165°F within 2 hours using approved method, then hot held at 135°F or above. Note: Corrective action taken, soup reheated on stove top to >151°F during inspection. Then placed onto serving table unit.	<input type="checkbox"/>	<input type="checkbox"/>
22	3.4	C	Observed TCS foods in prep table top above 41°F, sliced tomatoes 43°F, diced tomato 45°F. Bologna in bottom of unit 41°F. Owner reports product is stored in walk-in overnight and prep cooler will be replaced.	<input type="checkbox"/>	<input type="checkbox"/>
35				<input type="checkbox"/>	<input type="checkbox"/>
23	3.4	C	Observed ready to eat TCS foods without proper date marking from Saturday. Ensure all ready to eat TCS foods held at 41°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <b>2-24-20</b>
Sanitarian <i>[Signature]</i>	Licensor: <b>Knox Co HD</b>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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**State of Ohio**  
**Continuation Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>1834 Midway Tavern</i>	Type of Inspection <i>Standard/CCP</i>	Date <i>2/24/20</i>
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**Observations and Corrective Actions (continued)**

Item No.	Code Section	Priority Level	Comment	COS	R
			<i>or below for more than 24 hours, are date marked for use or discarded within 7 days of opening or prep (bologna, chicken, hot dogs)</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>CCP Comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>VI</i>	<i>Ensure proper cooling of soups using a shallow pan, ice bath, etc. So food cools from 135F-70F in 2 hours and 70-41F within 4 more hours.</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>VII</i>	<i>Ensure use of sanitizer when preparing wiping cloth buckets.</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>IX</i>	<i>Dish machine providing, required 50-100ppm chlorine residual.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>- work to declutter/clean room off hallway at ice machine.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Provide spec sheet for any new equipment obtained for the operation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Correct violations prior to next standard inspection. Maintain corrected criticals</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: 	Date: <i>2-24-20</i>
Sanitarian: 	Licensor:

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL