

# Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Honey Buckets Tavern</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>301</i>	Date <i>2/9/2017</i>
Address <i>103 West Vine St., Mount Vernon</i>	Category/Descriptive <i>C25</i>		
License holder <i>Chad A. Long</i>	Inspection time (min) <i>30</i>	Travel time (min) <i>5</i>	Other
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 specify	Follow-up date (if required) <i>Approx 30 Days</i>		Sample date/result (if required)

**3717-1 OAC Violation Checked**

**Management and Personnel**

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

**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

**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

<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 checked="" type="checkbox"/> 4.8 Protection of clean items

**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

**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

**Poisonous or Toxic Materials**

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

**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

**Administrative**

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

*Person-In-Charge Present*

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

\* 2.2 - paper towels not accessible for handwash sink at time of inspection. Ensure paper towels are present at hand sink at all times.

\* 4.8 - paper supply products like plastic cups not 6" off the floor in basement area. All paper products and food supplies must be 6" off the floor in basement area. (Repeat Violator)

\* 7.2 - print supply products not separated from food product supplies - correct immediately.

\* 4.8 - provide a clean sanitary surface for ice scoop in basement.

Inspected by <i>Kevin Huber, RS</i>	R.S./SIT # <i>2084</i>	Licenser <i>Knox County HD</i>
Received by <i>Chad Long</i>	Title	Phone