

**State of Ohio**  
**Standard Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Parkside Restaurant and Tavern</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>448</i>	Date <i>9/2/16</i>
Address <i>105 Mount Vernon Ave, Mt. Vernon</i>		Category/Descriptive <i>C45</i>	
License holder <i>Acung LLC</i>	Inspection time (min) <i>15</i>	Travel time (min)	Other
Type of visit (check) <input type="checkbox"/> Standard <input checked="" 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)	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)**

*Re-inspection to verify dish machine is providing chlorine residual finds:  
 Less than the required 50-100 ppm observed on dishes at time  
 of inspection. Owner to call for repair. Can use dish machine  
 to wash dishes and then sanitize in 3-compartment sink  
 until repaired. Use test strips to check dish machine to  
 ensure 50-100 ppm chlorine residual remains on dishes  
 after running through dishwasher machine.  
 Call health dept. once repaired.*

Inspected by <i>Kelly R. [Signature]</i>	R.S./SIT # <i>3458</i>	Licenser <i>KRIC</i>
Received by <i>Kathleen [Signature]</i>	Title <i>member</i>	Phone