

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

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Apple Valley Marathons</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number <i>1081</i>	Date <i>11/5/2017</i>
Address <i>21971 Ashtonton Road, Howard</i>	Category/Descriptive <i>C45</i>		
License holder <i>AUM Holdings LTD</i>	Inspection time (min) <i>75</i>	Travel time (min) <i>15</i>	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint	<input type="checkbox"/> Follow up <input type="checkbox"/> Prelicensing	<input type="checkbox"/> Foodborne <input type="checkbox"/> Consultation	<input type="checkbox"/> 30 day <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	Laundrying
<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 checked="" 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)**

*Person-In-Charge present*

- *PIC is on-site and Level II certified thru the Ohio Dept. of Health.*
- *Hand sink functional and fully stocked.*
- *Quat, Hymnol Sanitizer and test kit present.*
- *Metal stem probe thermometers present*
- *Disposable gloves in use.*

*5.1 - Dipper well has been relocated to main deli area. At time of inspection the well was not in use due to the ice cream section closed for season.*

Inspected by <i>Lynn A. Halberd (PS)</i>	R.S./SIT # <i>2084</i>	Licensors <i>Knox County HD</i>
Received by <i>Karen McClain</i>	Title <i>Manager</i>	Phone

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

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Apple Valley Marathon</i>	Type of visit <i>Standard</i>	Date <i>1/5/2011</i>
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**Violation(s)/Comment(s)**

Be advised that the location of the dipper well must be approved by the health dept and does require a state plumbing permit. Provide new layout location to health dept before installation.

\* Ensure hand sink soap and ~~hand~~ instant hand sanitizer is not stored or installed above three compartment sink.

Operator meets requirements at time of inspection.

\* Note: Facility does not have an Ohio State Plumbing approved grease interceptor. Be advised a three compartment sink is required to have an approved grease interceptor to collect the grease from the waste water.

Inspected by <i>Lena Hillier OS</i>	R.S./SIT # <i>2084</i>	Licenser <i>Lmx County HD</i>
Received by <i>Karen McClain</i>	Title <i>manager</i>	Phone