

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Knox County Head Start / Fredericktown</i>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>331</i>	Date <i>10/11/2016</i>
Address <i>124 High St. Fredericktown</i>		Category/Descriptive <i>NC 35</i>		
License holder <i>Knox County Head Start</i>		Inspection time (min) <i>180</i>	Travel time (min) <i>30</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

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 checked="" type="checkbox"/> 4.4	Maintenance and operation
<input checked="" 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

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 checked="" type="checkbox"/> 6.1	Design, construction, and installation
<input checked="" type="checkbox"/> 6.2	Numbers and capacities
<input type="checkbox"/> 6.3	Location and placement
<input checked="" 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 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

Violation(s)/Comment(s)

Person - In - Charge present during the inspection.

Hand wash sink functional and fully stocked.

Hand sink is accessible for food workers.

Metal stem probe thermometer present.

At time of inspection all time/temperature controlled for safety foods being maintained at 41°F or below and/or 135°F or higher.

Sour Cream (upright) - 39°F, 14g / Cheese (delivered) - 142°F.

Date marking procedures in place.

Inspected by <i>Tom Hecker</i>	I.R.S./SIT # <i>2084</i>	Licenser <i>Knox County HD</i>
Received by <i>Tammy Wild</i>	Title <i>Nutrition Spec.</i>	Phone <i>740 694-1188</i>

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Continuation Report

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Violation(s)/Comment(s)

- observed correct handwashing by food worker during inspection at the hand sink.

* 4.4 - Improper chemical strengths for Quat. Amm. Sanitizers at three compartment sink. Required level is 200 ppm and at time of inspection the level in solution was 400 ppm. Reduce level to 200 ppm for correct sanitizing level. Ensure commercial dispenser is properly calibrated by chemical company. Correct immediately. Chlorine spray being used to sanitize food contact surfaces exceeds 200 ppm. Level ~~required~~ required is 50-100 ppm. Reduce level to 50-100 ppm for proper sanitizing. Correct immediately.

4.4 - CMA dishwasher displaying extreme build-up inside unit due to scale / lime build-up. Properly defime unit and maintain. Clean use and manually wash-rinse and sanitize equipment.

* 4.5 - Dishes present inside CMA unit are not properly being ~~to~~ cleaned due to food debris still present on dishes after cycle is completed.

Inspected by <i>Tom Hetherington</i>	R.S./SIT # <i>2084</i>	Licensor <i>Knox County HD</i>
Received by <i>Tammy Wild</i>	Title <i>Nut Spec</i>	Phone <i>740694-1188</i>

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Violation(s)/Comment(s)

Properly define the unit and verify proper pressure and contact time, is present, to properly clean the dishes. Properly wash-rinse-sanitize all equipment.

6.2 - Only 40 ft candles of lighting present on surface of main food prep surface in kitchen. 50 ft. candles is required on food prep surfaces. Provide additional approved lighting above this area to meet the requirement.

6.4 - Mop located in mop room not being stored properly. At time of inspection mop was being stored directly in mop bucket. Provide a mop holder to allow mop to properly air dry.

6.1 - Contact paper located on metal shelves inside ~~the~~ storage unit being used by food operator. All shelves are to be smooth, easily cleanable. Advised health dept. on status of removal or replacement of the unit.

6.2 - Trash container located in staff bathroom not properly covered with a lid. Provide a lid or a trash container with a lid to prevent entry of insects and to properly contain the trash.

Inspected by <i>Lini Hinkel, RS</i>	R.S./SIT # <i>2084</i>	Licenser <i>Knox County HD</i>
Received by	Title	Phone

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Violation(s)/Comment(s)

* provided clear-up information for vomiting/diarrheal incident to PIC.
I provided food employee health information to PIC.
Ensure both procedures are established immediately.
Correct criticals immediately. Contact health department for re-inspection of CRT dishwasher before use.

Inspected by Sam J. Helber, PS	R.S./SIT # 2084	Licenser Knox County HD
Received by Tommy Wild	Title Nut Spec.	Phone 740 694-1188