

State of Ohio
Food Inspection Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>The Alcove LLC</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number	Date <i>1/19</i>
Address <i>116 South Main St.</i>	City/Zip Code <i>Wt Vernon 143050</i>		
License holder <i>The Alcove LLC</i>	Inspection Time	Travel Time	Category/Descriptive
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)	Water sample date/result (if required)

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		Compliance Status	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Management, food employees and conditional employee; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes and HACCP plan	
Hands clean and properly washed		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16	<input type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooking time and temperatures			
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

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Name of Facility <i>The Alcore LLC</i>	Type of Inspection <i>Standard/CCP</i>	Date <i>1/8/19</i>
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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

- 38 IN OUT N/A N/O Pasteurized eggs used where required
- 39 IN OUT Water and ice from approved source

Food Temperature Control

- 40 IN OUT N/A N/O Proper cooling methods used; adequate equipment for temperature control
- 41 IN OUT N/A N/O Plant food properly cooked for hot holding
- 42 IN OUT N/A N/O Approved thawing methods used
- 43 IN OUT N/A Thermometers provided and accurate

Food Identification

- 44 IN OUT Food properly labeled; original container

Prevention of Food Contamination

- 45 IN OUT Insects, rodents, and animals not present/outer openings protected
- 46 IN OUT Contamination prevented during food preparation, storage & display
- 47 IN OUT Personal cleanliness
- 48 IN OUT N/A N/O Wiping cloths properly used and stored
- 49 IN OUT N/A N/O Washing fruits and vegetables

Proper Use of Utensils

- 50 IN OUT N/A N/O In-use utensils: properly stored
- 51 IN OUT N/A Utensils, equipment and linens: properly stored, dried, handled
- 52 IN OUT N/A Single-use/single-service articles: properly stored, used
- 53 IN OUT N/A N/O Slash-resistant and cloth glove use

Utensils, Equipment and Vending

- 54 IN OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
- 55 IN OUT N/A Warewashing facilities: installed, maintained, used; test strips
- 56 IN OUT Nonfood-contact surfaces clean

Physical Facilities

- 57 IN OUT N/A Hot and cold water available; adequate pressure
- 58 IN OUT N/A Plumbing installed; proper backflow devices
- 59 IN OUT N/A Sewage and waste water properly disposed
- 60 IN OUT N/A Toilet facilities: properly constructed, supplied, cleaned
- 61 IN OUT N/A Garbage/refuse properly disposed; facilities maintained
- 62 IN OUT Physical facilities installed, maintained, and clean
- 63 IN OUT Adequate ventilation and lighting; designated areas used
- 64 IN OUT N/A Existing Equipment and Facilities

Administrative

- 65 IN OUT N/A 901 3-4 OAC
- 66 IN OUT N/A 3701-21 OAC

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
10			Provide a trash can for handsink in basement	<input type="checkbox"/>	<input type="checkbox"/>
10/46/35		C	Observed build-up of rust and debris on ice machines in basement and upstairs - Discard ice clean and sanitize inside - Correct immediately	<input type="checkbox"/>	<input type="checkbox"/>
45/35		C	Observed rodent droppings in basement - Eliminate rodents immediately - Repair holes - Clean/sanitize area	<input type="checkbox"/>	<input type="checkbox"/>
51/35		C	Observed extra glasses and drink cambros stored in dirty (built up) grease trap room	<input type="checkbox"/>	<input type="checkbox"/>
55			Dishwasher in bar does not appear to be sanitizing properly - Use 3 comp int. for proper wash-rinse-sanitize of dishes	<input type="checkbox"/>	<input type="checkbox"/>
56			Observed food debris on computers, equipment, etc. Eliminate build-up - Keep in a clean state	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <i>1/8/19</i>
Sanitarian <i>[Signature]</i>	Licenser: <i>Knox</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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Continuation Report
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Observations and Corrective Actions (continued)

Mark "X" in appropriate box for COS and IR: COS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
<i>62</i>			<i>Observed build-up throughout facility on floors</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Eliminate build-up - Keep in a clean state</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Observed significant accumulation in grease trap room - Clean and eliminate build-up</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>63</i>		<i>C</i>	<i>Grease build-up and dust accumulation in hood system - Clean - Ensure hood system is functioning properly</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>45/35</i>		<i>C</i>	<i>Eliminate gnats throughout facility</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>90</i>			<i>Discussed proper cooling methods</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			<i>Contact Health Dept when dish machine is functioning properly and rodents are eliminated</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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Person in Charge: <i>[Signature]</i>	Date: <i>1/8/19</i>
Sanitarian: <i>Terrill Hillier</i>	Licensor: <i>Knox</i>

State of Ohio
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Name of Facility: <u>The Alcove LLC</u>	Type of Inspection: <u>Standard/CCP</u>	Date: <u>11/8/2019</u>
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Observations and Corrective Actions (continued)					
Item No.	Code Section	Priority Level	Comment	COS	R
				<input type="checkbox"/>	<input type="checkbox"/>
			The positive Elements were noted during the critical control point inspection.	<input type="checkbox"/>	<input type="checkbox"/>
			Food employees properly storing time temperature controlled for safety Foods in Refrigeration Units	<input type="checkbox"/>	<input type="checkbox"/>
			observed correct hand washing in main kitchen.	<input type="checkbox"/>	<input type="checkbox"/>
			Disposable gloves in use by food workers.	<input type="checkbox"/>	<input type="checkbox"/>
			Time temperature controlled for safety foods maintain at correct storage temperatures.	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <u>[Signature]</u>	Date: <u>11/8/2019</u>
Sanitarian: <u>Lene J. Helmer, RS / Suzanne [Signature], RS</u>	Licensor: <u>Fnox 6 HD</u>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL