

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

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|
| Name of facility <i>The Above LLC</i> | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number <i>152</i> | Date <i>2/12/2019</i> |
| Address <i>116 South Main Street</i> | City/Zip Code <i>Mount Vernon / 43050</i> | | |
| License holder <i>The Above, LLC</i> | Inspection Time | Travel Time <i>20 mins</i> | Category/Descriptive <i>C45</i> |
| Type of Inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input 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) <i>30 Days</i> | 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 | Person in charge present, demonstrates knowledge, and performs duties | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper date marking and disposition |
| 2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Certified Food Protection Manager | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| Employee Health | | 24 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Time as a public health control: procedures & records |
| 3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Management, food employees and conditional employee; knowledge, responsibilities and reporting | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| 4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper use of restriction and exclusion | Consumer Advisory | |
| 5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Procedures for responding to vomiting and diarrheal events | 25 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Consumer advisory provided for raw or undercooked foods |
| Good Hygienic Practices | | <input type="checkbox"/> N/A | |
| 6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking, or tobacco use | Highly Susceptible Populations | |
| 7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose, and mouth | 26 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Pasteurized foods used; prohibited foods not offered |
| Preventing Contamination by Hands | | <input type="checkbox"/> N/A | |
| 8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Hands clean and properly washed | Chemical | |
| 9 <input type="checkbox"/> IN <input type="checkbox"/> OUT | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 27 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Food additives: approved and properly used |
| <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | |
| 10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Adequate handwashing facilities supplied & accessible | 28 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Toxic substances properly identified, stored, used |
| Approved Source | | <input type="checkbox"/> N/A | |
| 11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from approved source | Conformance with Approved Procedures | |
| 12 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Food received at proper temperature | 29 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | |
| 13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food in good condition, safe, and unadulterated | 30 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Special Requirements: Fresh Juice Production |
| 14 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Required records available: shellstock tags, parasite destruction | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | |
| Protection from Contamination | | 31 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Special Requirements: Heat Treatment Dispensing Freezers |
| 15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food separated and protected | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| 16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food-contact surfaces: cleaned and sanitized | 32 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Special Requirements: Custom Processing |
| <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | |
| 17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper disposition of returned, previously served, reconditioned, and unsafe food | 33 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Special Requirements: Bulk Water Machine Criteria |
| Time/Temperature Controlled for Safety Food (TCS food) | | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| 18 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Proper cooking time and temperatures | 34 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Special Requirements: Acidified White Rice Preparation Criteria |
| <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | |
| 19 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Proper reheating procedures for hot holding | 35 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Critical Control Point Inspection |
| <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | |
| 20 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Proper cooling time and temperatures | 36 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Process Review |
| <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | |
| 21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper hot holding temperatures | 37 <input type="checkbox"/> IN <input type="checkbox"/> OUT | Variance |
| <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | | |
| 22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper cold holding temperatures | | |

Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

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| | | |
|------------------------------------------|-------------------------------------------|------------------------|
| Name of Facility <i>The Above LLC</i> | Type of Inspection <i>Standard/CCP</i> | Date <i>2/12/19</i> |
|------------------------------------------|-------------------------------------------|------------------------|

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 | | Utensils, Equipment and Vending | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 38 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 54 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| Pasteurized eggs used where required | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | |
| 39 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 55 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Water and ice from approved source | | Warewashing facilities: installed, maintained, used, test strips | |
| Food Temperature Control | | Physical Facilities | |
| 40 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 56 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| Proper cooling methods used; adequate equipment for temperature control | | Nonfood-contact surfaces clean | |
| 41 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 57 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Plant food properly cooked for hot holding | | Hot and cold water available; adequate pressure | |
| 42 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 58 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Approved thawing methods used | | Plumbing installed; proper backflow devices | |
| 43 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 59 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Thermometers provided and accurate | | Sewage and waste water properly disposed | |
| Food Identification | | 60 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Toilet facilities: properly constructed, supplied, cleaned | |
| Food properly labeled; original container | | 61 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Prevention of Food Contamination | | Garbage/refuse properly disposed; facilities maintained | |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 62 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Insects, rodents, and animals not present/outer openings protected | | Physical facilities installed, maintained, and clean | |
| 46 | <input type="checkbox"/> IN <input type="checkbox"/> OUT | 63 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Contamination prevented during food preparation, storage & display | | Adequate ventilation and lighting; designated areas used | |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 64 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Personal cleanliness | | Existing Equipment and Facilities | |
| 48 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Administrative | |
| Wiping cloths: properly used and stored | | 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 901.3-4 OAC | |
| Washing fruits and vegetables | | 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Proper Use of Utensils | | 3701-21 OAC | |
| 50 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| In-use utensils: properly stored | | | |
| 51 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | |
| Utensils, equipment and linens: properly stored, dried, handled | | | |
| 52 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | |
| Single-use/single-service articles: properly stored, used | | | |
| 53 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Slash-resistant and cloth glove use | | | |

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 |
|---------------------|--------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 51 51/35 | | C | Extra glass storage and drink containers still being stored in grease trap room (Repeat) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 55 | | N/C | Dishwasher in bar still not properly sanitizing glass ware. Spray arms are plugged. Use three-compartment sink for proper wash - rinse - sanitize. (Repeat) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 62 | | N/C | Build-up/grease accumulation still present throughout facility and dish room. Properly clean and eliminate. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28 | | C | Personal medicine/vitamins located in food prep kitchen and in food basement storage area. Remove immediately. | <input type="checkbox"/> | <input type="checkbox"/> |

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|------------------------------------|-------------------------|
| Person In Charge <i>Kim Liu</i> | Date: <i>2-12-19</i> |
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|--------------------------------------------------------------|--------------------------------------|
| Sanitarian <i>Lerie L. Hulker, RS / Suzanne [unclear]</i> | Licensor <i>RS Knox County HP</i> |
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PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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