

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

Name of facility <i>AVGS Properties</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>147</i>	Date <i>8/27/2020</i>
Address <i>22001 Lakota Rd</i>	City/State/Zip Code <i>Howard OH 43028</i>		
License holder <i>AVGS Properties</i>	Inspection Time <i>90</i>	Travel Time <i>15</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)	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

Supervision

- | | | |
|---|--|---|
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Certified Food Protection Manager |

Employee Health

- | | | |
|---|--|---|
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Management, food employees and conditional employees; knowledge, responsibilities and reporting |
| 4 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper use of restriction and exclusion |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Procedures for responding to vomiting and diarrheal events |

Good Hygienic Practices

- | | | |
|---|--|--|
| 6 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking, or tobacco use |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose, and mouth |

Preventing Contamination by Hands

- | | | |
|---|--|---|
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Hands clean and properly washed |
| 9 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
<input type="checkbox"/> N/A <input type="checkbox"/> N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |

- | | | |
|----|--|---|
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Adequate handwashing facilities supplied & accessible |
|----|--|---|

Approved Source

- | | | |
|----|--|---|
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from approved source |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Food received at proper temperature |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food in good condition, safe, and unadulterated |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Required records available: shellstock tags, parasite destruction |

Protection from Contamination

- | | | |
|----|--|---|
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
<input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated and protected |
| 16 | <input type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT
<input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooking time and temperatures
<i>Chicken wings 180</i> |
| 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 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 |

Compliance Status

Time/Temperature Controlled for Safety Food (TCS food)

- | | | |
|----|--|---|
| 23 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
<input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper date marking and disposition |
| 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Time as a public health control: procedures & records |

Consumer Advisory

- | | | |
|----|---|---|
| 25 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
<input type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked foods |
|----|---|---|

Highly Susceptible Populations

- | | | |
|----|---|--|
| 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered |
|----|---|--|

Chemical

- | | | |
|----|---|--|
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> N/A | Food additives: approved and properly used |
| 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
<input type="checkbox"/> N/A | Toxic substances properly identified, stored, used |

Conformance with Approved Procedures

- | | | |
|----|--|---|
| 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> N/A | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Fresh Juice Production |
| 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Heat Treatment Dispensing Freezers |
| 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Custom Processing |
| 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Bulk Water Machine Criteria |
| 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Acidified White Rice Preparation Criteria |
| 35 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
<input type="checkbox"/> N/A | Critical Control Point Inspection |
| 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> N/A | Process Review |
| 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT
<input checked="" type="checkbox"/> N/A | Variance |

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.

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>AVGS Properties</i>	Type of Inspection <i>Standard/CCR</i>	Date <i>8/27/2020</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		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55
Food Temperature Control		Physical Facilities	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used <i>Refrigeration</i>	58
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate <i>cooking</i>	59
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container <i>Flour</i>	60
Prevention of Food Contamination		Physical Facilities	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	61
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	62
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	63
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	64
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	65
Proper Use of Utensils		Administrative	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	66
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	901:3-4 OAC
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	3701-21 OAC
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex 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
			<i>Chest freezer with duct tape has been replaced.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Previous violations corrected and maintained. Thank you.</i>	<input type="checkbox"/>	<input type="checkbox"/>
9,35	3.2	C	<i>Observed cook handling bun and other ready to eat items with bare hands, preparing a sandwich. Inspector discussed violation with cook and sandwiches were voluntarily discarded.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Ensure no bare hand contact with ready to eat foods fruit will not be further cooked. Use tongs, deli tissues, non latex disposable gloves, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>
51	4.8	C	<i>Observed a condensation drip onto clean slicer from duct work overhead. Properly clean and sanitizer slicer prior to use while issue is present, don't store slicer under ducts (or any food/food equipment). Could obtain a drip shield to collect condensation.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Nichole McLesly</i>	Date: <i>8-27-2020</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>Knox Public Health</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>AVGS Properties</i>	Type of Inspection <i>Standard/CCP</i>	Date <i>8/27/2020</i>
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Observations and Corrective Actions (continued)

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
<i>54</i>			<i>Repair wall covering in beer vault in off kitchen wall covering, observed loose, from insulation breaking. Working with landlord on this issue and root leak in drink area.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Lights above draft holding have been ordered and were reported as, brief order. Replate to provide adequate light</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Owner reports ceramic tile to replace admiralite panel in bar area.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>CCP Positive comments</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>IV) Person in charge is knowledgeable in food safety for operation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>V) Date marking procedures in place and product within date.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>VI) Hot and cold holding acceptable at time of inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Potato - 158F Chicken 318F (prep unit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Chili - 175F French fries 287F (prep unit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i> Baked beans 40F (walk in)</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i> Wings 41F (walk in)</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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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Nichole M. Conly</i>	Date: <i>8-27-2020</i>
Sanitarian: <i>[Signature]</i>	Licenser: <i>[Signature]</i>