

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

Name of facility <b>Lancaster Wings, Inc DBA Buffalo Wild Wings</b>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <b>389</b>	Date <b>2/12/2020</b>
Address <b>907 Coshocton Ave</b>	City/State/Zip Code <b>Mt. Vernon OH 43005</b>		
License holder <b>Lancaster Wings, Inc.</b>	Inspection Time	Travel Time	Category/Descriptive <b>C35</b>
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 checked="" 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 checked="" 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/A | No discharge from eyes, nose, and mouth          |

**Preventing Contamination by Hands**

- |    |   |   |
|----|---|---|
| 8  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O   | Hands clean and properly washed   |
| 9  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> N/O | Food separated and protected  |
| 16 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> N/O | tenders = 169°F, Cheese = 189°F<br>Proper hot holding temperatures<br>wings = 172°F |
| 22 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | cut tomatoes = 40°F<br>Proper cold holding temperatures<br>chick chicken = 39°F     |

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

**Consumer Advisory**

- |    |  |   |
|----|--|---|
| 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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 checked="" type="checkbox"/> N/O | Special Requirements: Fresh Juice Production  |
| 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> N/O | Special Requirements: Custom Processing   |
| 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Special Requirements: Bulk Water Machine Criteria                                     |
| 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Special Requirements: Acidified White Rice Preparation Criteria                       |
| 35 | <input 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 type="checkbox"/> N/A   | Process Review  |
| 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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.

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<b>Name of Facility</b> Lancaster Wings, Inc. DBA Buffalo Wild Wings	<b>Type of Inspection</b> Standard	<b>Date</b> 2/12/2020
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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 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	61 <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	Food properly labeled; original container	62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Prevention of Food Contamination		63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	
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	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils		<b>Administrative</b>	
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	901-3-4 OAC
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	3701-21 OAC
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 checked="" 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
10	6.2	C	Soap not present at handsink in bar area Soap dispenser was found, but not upright to function properly - Correct immediately	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47	2.3	NC	Ensure all facial hair is completely covered for food workers - Correct immediately	<input type="checkbox"/>	<input checked="" type="checkbox"/>
55	4.1		Dishmachine at main bar did not initially have chlorine residual present. Manager changed sanitizer and re-primed machine - Chlorine residual now present	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	4.5		Observed cold master containers that were soiled, stored in walk-in, ready for next use - Properly clean & sanitize - Correct immediately	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61	5.4	NC	Observed trash on ground around dumpster - Clean area	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	6.4		Back storage area off of bar (by ice machine)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Person in Charge</b> 	<b>Date:</b> 2/12/20
<b>Sanitarian</b> 	<b>Licenser:</b> KNOX

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

