

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility RHF Group LLC DBA Bullocks	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 45	Date 2/20/2019
Address 604 West High Street	City/Zip Code Mount Vernon / 43050		
License holder RHF Group LLC	Inspection Time 60 mins	Travel Time 10 mins	Category/Descriptive C35
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 IN OUT N/A Person in charge present, demonstrates knowledge, and performs duties
- 2 IN OUT N/A Certified Food Protection Manager

Employee Health

- 3 IN OUT N/A Management, food employees and conditional employee; knowledge, responsibilities and reporting
- 4 IN OUT N/A Proper use of restriction and exclusion
- 5 IN OUT N/A Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

- 6 IN OUT N/O Proper eating, tasting, drinking, or tobacco use
- 7 IN OUT N/O No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

- 8 IN OUT N/O Hands clean and properly washed
- 9 IN OUT N/A No bare hand contact with ready-to-eat foods or approved alternate method properly followed

- 10 IN OUT N/A Adequate handwashing facilities supplied & accessible

Approved Source

- 11 IN OUT Food obtained from approved source
- 12 IN OUT N/A Food received at proper temperature
- 13 IN OUT Food in good condition, safe, and unadulterated
- 14 IN OUT N/A Required records available: shellstock tags, parasite destruction

Protection from Contamination

- 15 IN OUT N/A Food separated and protected
- 16 IN OUT N/A Food-contact surfaces: cleaned and sanitized
- 17 IN OUT Proper disposition of returned, previously served, reconditioned, and unsafe food

Time/Temperature Controlled for Safety Food (TCS food)

- 18 IN OUT N/A Proper cooking time and temperatures
- 19 IN OUT N/A Proper reheating procedures for hot holding
- 20 IN OUT N/A Proper cooling time and temperatures
- 21 IN OUT N/A Proper hot holding temperatures
- 22 IN OUT N/A Proper cold holding temperatures

Compliance Status

Time/Temperature Controlled for Safety Food (TCS food)

- 23 IN OUT N/A Proper date marking and disposition
- 24 IN OUT N/A Time as a public health control: procedures & records

Consumer Advisory

- 25 IN OUT N/A Consumer advisory provided for raw or undercooked foods

Highly Susceptible Populations

- 26 IN OUT N/A Pasteurized foods used; prohibited foods not offered

Chemical

- 27 IN OUT N/A Food additives: approved and properly used
- 28 IN OUT N/A Toxic substances properly identified, stored, used

Conformance with Approved Procedures

- 29 IN OUT N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
- 30 IN OUT N/A Special Requirements: Fresh Juice Production
- 31 IN OUT N/A Special Requirements: Heat Treatment Dispensing Freezers
- 32 IN OUT N/A Special Requirements: Custom Processing
- 33 IN OUT N/A Special Requirements: Bulk Water Machine Criteria
- 34 IN OUT N/A Special Requirements: Acidified White Rice Preparation Criteria
- 35 IN OUT N/A Critical Control Point Inspection
- 36 IN OUT N/A Process Review
- 37 IN OUT 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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Name of Facility <i>RHF Group LLC aka Bullocks Drive thru</i>	Type of Inspection <i>Standard</i>	Date <i>1/19</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		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
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
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	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	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	58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
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
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Administrative	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		

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
3	2.1	C	Employee Health forms for food workers not on-site for documentation.	<input type="checkbox"/>	<input type="checkbox"/>
56	4.5	N/C	Mold build up still present on fan covers in walk-in. properly clean and maintain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	2.1	C	Verification of label for pre-made sausage still pending. Provide documentation to health department.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	6.11 6.4	N/C	Floor surface (pressed bare wood) in back storage area not smooth, easily cleanable + food/dirt spills present. *Counter in deli area displaying broken formica surfaces. *Ceiling damage from water accumulation present in back work area. *Contact health dept. on repair.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <i>2-20-19</i>
Sanitarian <i>[Signature]</i>	Licenser: <i>[Signature]</i>