

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

| | | | |
|--|---|---------------------------------------|---|
| Name of facility Centerburg Pointe | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number 135 | Date 11/28/15 |
| Address 4531 Columbus Rd. | City/Zip Code Centerburg 43011 | | |
| License holder Frank Adkins | Inspection Time 105 | Travel Time 30 | Category/Descriptive C45 |
| 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input 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 Sources | | 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 <i>Frozen was frozen Refrigerated @ ≤ 40°F</i> | | Special Requirements: Acidified White Rice Preparation Criteria | |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 35 | <input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Required records available: shellstock tags, parasite destruction | | Process Review | |
| Protection from Contamination | | 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Proper cooking time and temperatures <i>Fish fillets 205°F Cabbage 197°F Ham 169°F</i> | | | |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input 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 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 <i>Diced tomatoes 40°F walk-in Milk (upright) 37°F</i> | | | |

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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|--|---|-----------------------|
| Name of Facility <i>Centerburg Pointe</i> | Type of Inspection <i>Standard / P</i> | Date <i>11 / 1</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 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 |
| 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 checked="" 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 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 type="checkbox"/> IN <input 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 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 | 62 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| Insects, rodents, and animals not present/outer openings protected | | Physical facilities installed, maintained, and clean | |
| 46 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 63 | <input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input 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 | 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Wiping cloths: properly used and stored | | 901:3-4 OAC | |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Washing fruits and vegetables | | 3701-21 OAC | |
| Proper Use of Utensils | | | |
| 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 | |
| 51 | <input checked="" 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 |
|----------|--------------|----------------|---|--------------------------|--------------------------|
| 56 | 4.5 | NC | Observed buildup of debris on wire storage rack, that has been painted black in kitchen. Surface is rough to touch, make smooth and easily cleanable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | 6.4 | NC | Observed debris/dirt buildup on vents/ceiling tiles in kitchen (especially above steam table) clean and maintain. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | -Correct violations prior to next standard inspection.- | <input type="checkbox"/> | <input type="checkbox"/> |
| 54 | 4.4 | NC | Observed water leaking from underneath dishwasher. Eliminate leak. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | CCP Positive Comments: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | (I) Foods received from approved source at proper temperature and in good condition during inspection. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | (II) Foods observed being cooked to required temperatures (obtain a thin tipped thermometer for checking thin food items.) | <input type="checkbox"/> | <input type="checkbox"/> |

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| Person in Charge <i>Timber Parrow</i> | Date: <i>1.28.18</i> |
| Sanitarian <i>[Signature]</i> | Licenser: <i>Knex O HD</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>Centerburg Pointe</i> | Type of Inspection <i>Standard/CCP</i> | Date <i>11/25/18</i> |
|--|---|-------------------------|

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>IX) Appropriate foods served to highly susceptible population</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <i>- Dishmachine reaching acceptable temperature to properly sanitize at time of inspection. Test labels present</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <i>- Wiping cloth bucket with 200 ppm quat. ammonia sanitizer concentration observed.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
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|---|--------------------------|
| Person In Charge: <i>Robert Parker</i> | Date: <i>11.28.18</i> |
| Sanitarian: <i>[Signature]</i> | Licensor: <i>KCHD</i> |