

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

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| Name of facility <i>Chipotle Mexican Grill #1728</i> | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number <i>378</i> | Date <i>9/28/18</i> |
| Address <i>857 Goshuon Ave</i> | City/Zip Code <i>Mount Vernon / 43050</i> | | |
| License holder <i>Chipotle Mexican Grill of Colorado LLC</i> | Inspection Time <i>10</i> | Travel Time <i>10</i> | Category/Descriptive |
| Type of Inspection (check all that apply) <input 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 checked="" 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 | |
| Procedures for responding to vomiting and diarrheal events | | 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Good Hygienic Practices | | Pasteurized foods used; prohibited foods not offered | |
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Chemical | |
| Proper eating, tasting, drinking, or tobacco use | | 27 | <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 | Food additives: approved and properly used | |
| No discharge from eyes, nose, and mouth | | 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Preventing Contamination by Hands | | Toxic substances properly identified, stored, used | |
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Conformance with Approved Procedures | |
| Hands clean and properly washed | | 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan | |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Adequate handwashing facilities supplied & accessible | | Special Requirements: Fresh Juice Production | |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Adequate handwashing facilities supplied & accessible | | Special Requirements: Heat Treatment Dispensing Freezers | |
| Approved Source | | 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Special Requirements: Custom Processing | |
| Food obtained from approved source | | 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 12 | <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 | |
| Food received at proper temperature | | 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Special Requirements: Acidified White Rice Preparation Criteria | |
| Food in good condition, safe, and unadulterated | | 35 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Critical Control Point Inspection | |
| Required records available: shellstock tags, parasite destruction | | 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Protection from Contamination | | Process Review | |
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Food separated and protected | | Variance | |
| 16 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | <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> | |
| 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 | | | |
| 19 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 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 | | | |

State of Ohio Food Inspection Report

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|---------------------------------------------------------|-------------------------------------------|------------------------|
| Name of Facility <i>Chipotle Mexican Grill #1728</i> | Type of Inspection <i>Standard/CCP</i> | Date <i>9/28/18</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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| 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 |
| 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 | 57 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 41 | <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 |
| 42 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 59 | <input checked="" 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 | 60 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Food Identification | | 61 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 62 | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Prevention of Food Contamination | | 63 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 64 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 46 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Administrative | |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 48 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 49 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Observations and Corrective Actions | |
| Proper Use of Utensils | | Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation | |
| 50 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Item No. | Code Section |
| 51 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Priority Level | Comment |
| 52 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | |
| 53 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |

| Item No. | Code Section | Priority Level | Comment | COS | R |
|----------|--------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 35/116 | 4.5 | C | observed food contact surfaces with food debris build-up. properly wash-rinse-sanitize between food practices | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 35/54 | 4.1 | C | observed Rubber spatulas and stainless steel wren not smooth, easily loggable due to dings and tearing plastic. Replace with approved equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| 102 | 10.4 | NC | observed food debris build-up under equipment properly maintain floor area. Correct criticals immediately - Requiring violator before next routine inspection. | <input type="checkbox"/> | <input type="checkbox"/> |

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| Person in Charge <i>[Signature]</i> | Date: <i>9/28/18</i> |
| Sanitarian <i>[Signature]</i> | Licensors: <i>Knex G. HD 23</i> |

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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|---------------------------------------------------------|---------------------------------------|------------------------|
| Name of Facility <i>Chipotle Mexican Grill #1728</i> | Type of Inspection <i>Standard</i> | Date <i>9/25/18</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 |
| | | | ☞ - All food temperatures 41°F or below | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | and 135°F or higher for time/temperature | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | controlled for safety foods. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | - Person-in-Charge present | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | - Glove usage in place. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | - Quat. Hwnd. sanitizer in use. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | - Temperature logs in place. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <i>Note: Cease use of Purell.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <i>Swab disinfective use is</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <i>inconsistent with the Ohio Dept of</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <i>Health.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Person in Charge: <i>[Signature]</i> | Date: |
| Sanitarian: <i>Len J. Hillier JS</i> | Licensor: <i>Frox G. HD</i> |