

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |   |  |
|---|---|---|--|
| Name of facility<br><i>Menno's Pizza</i>  | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br><i>280</i>              | Date<br><i>2/21/19</i>                 |
| Address<br><i>500-B South Main St.</i>  |   | City/Zip Code<br><i>Mt. Vernon 143050</i> |  |
| License holder<br><i>MACMAD LLC</i>   | Inspection Time   | Travel Time                               | Category/Descriptive                   |
| Type of Inspection (check all that apply)<br><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<br><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  |  |
|--|--|--|--|
| <b>Supervision</b>   |  | <b>Time/Temperature Controlled for Safety Food (TCS food)</b>  |  |
| 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<br><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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Certified Food Protection Manager  |  | Time as a public health control: procedures & records  |  |
| <b>Employee Health</b>   |  | <b>Consumer Advisory</b>   |  |
| 3  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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                                 | <b>Highly Susceptible Populations</b>  |  |
| Proper use of restriction and exclusion  |  | 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" 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                                     |  | <b>Chemical</b>  |  |
| <b>Good Hygienic Practices</b>   |  | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 6  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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<br><input type="checkbox"/> N/A                              |
| 7  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O  | Toxic substances properly identified, stored, used<br><i>label water bottle</i>  |  |
| No discharge from eyes, nose, and mouth  |  | <b>Conformance with Approved Procedures</b>  |  |
| <b>Preventing Contamination by Hands</b>   |  | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 9  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" 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<br><input 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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| <b>Approved Sources</b>  |  | Special Requirements: Custom Processing  |  |
| 11   | <input type="checkbox"/> IN <input type="checkbox"/> OUT   | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Food obtained from approved source   |  | Special Requirements: Bulk Water Machine Criteria  |  |
| 12   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Food received at proper temperature  |  | Special Requirements: Acidified White-Rice Preparation Criteria  |  |
| 13   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| Required records available: shellstock tags, parasite destruction                              |  | Process Review   |  |
| <b>Protection from Contamination</b>   |  | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 15   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Variance   |  |
| Food separated and protected   |  | <p><b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p> |  |
| 16   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br><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              |  |  |  |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b>                                  |  |  |  |
| 18   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input checked="" 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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper cooling time and temperatures   |  |  |  |
| 21   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" 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   |  |  |  |

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|   |                                       |                        |
|---|---------------------------------------|------------------------|
| Name of Facility<br><i>Crenos Pizza</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>2/21/19</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 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 |
| 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 checked="" 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  |   | Garbage/refuse properly disposed; facilities maintained  |  |
| 45  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 62   | <input type="checkbox"/> IN <input checked="" 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 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 | Administrative   |  |
| Wiping cloths: properly used and stored                                 |   | 65   | <input 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 | 901:3-4 OAC  |  |
| Washing fruits and vegetables   |   | 66   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A            |
| Proper Use of Utensils  |   | 3701-21 OAC  |  |
| 50  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | <i>Food temperature acceptable at time of inspection<br/>- sanitizer present, metal stem probe thermometer present</i> |  |
| In-use utensils: properly stored  |   |  |  |
| 51  | <input 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                        |
|----------|--------------|----------------|--|--------------------------|--------------------------|
| 16       |              |                | Observed dough containers that were "clean with debris build-up - Ensure all containers are properly washed - rinsed - sanitized to eliminate debris - Correct immediately | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                | Ensure containers are washed - rinsed - sanitized after each use, including flour container  | <input type="checkbox"/> | <input type="checkbox"/> |
| 62       |              |                | Observed build-up on floors along walls and around equipment - Eliminate build-up and keep in a clean state  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                | Strong odor of sewer gas after handwashing at hand sink - Ensure plumbing meets Ohio Plumbing Code and grease trap is cleaned regularly                                    | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |
|--|---------------------------|
| Person in Charge<br><i>[Signature]</i> | Date:<br><i>2/21/19</i>   |
| Sanitarian<br><i>[Signature]</i>       | Licensors:<br><i>Knox</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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