

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

|  |   |   |   |
|--|---|---|---|
| Name of facility<br><i>Danville High School</i>  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><i>564</i>                  | Date<br><i>8/14/2020</i>                    |
| Address<br><i>10 West Rambo St.</i>  | City/State/Zip Code<br><i>Danville OH 43014</i>                                   |   |   |
| License holder<br><i>Danville Local Schools</i>  | Inspection Time<br><i>45</i>  | Travel Time<br><i>20</i>                      | Category/Descriptive<br><i>NCAS-Limited</i> |
| 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 checked="" type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation |   | Follow up date (if required)<br><i>30 day</i> | Water sample date/result (if required)<br>— |

**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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition                                 |
| 2   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 Time as a public health control: procedures & records    |
| <b>Employee Health</b>  |  | <b>Consumer Advisory</b>   |   |
| 3   | <input checked="" 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 Consumer advisory provided for raw or undercooked foods                               |
| 4   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | <b>Highly Susceptible Populations</b>  |   |
| 5   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 26   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered                       |
| <b>Good Hygienic Practices</b>                                |  | <b>Chemical</b>  |   |
| 6   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O                                 | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A Food additives: approved and properly used  |
| 7   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O  | 28   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A Toxic substances properly identified, stored, used                                    |
| <b>Preventing Contamination by Hands</b>                      |  | <b>Conformance with Approved Procedures</b>  |   |
| 8   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O                                 | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 9   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production                        |
| 10  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers            |
| <b>Approved Source</b>  |  | 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing                             |
| 11  | <input checked="" 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 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 Special Requirements: Acidified White Rice Preparation Criteria     |
| 13  | <input type="checkbox"/> IN <input type="checkbox"/> OUT   | 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A 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 checked="" type="checkbox"/> OUT<br><input type="checkbox"/> N/A Process Review  |
| <b>Protection from Contamination</b>                          |  | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A Variance   |
| 15  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | <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 type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 17  | <input type="checkbox"/> IN <input type="checkbox"/> OUT   |  |   |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b> |  |  |   |
| 18  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 22  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |  |   |

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |                          |
|---|---|--------------------------|
| Name of Facility<br><i>Danville High School</i> | Type of Inspection<br><i>Standard/Pre licensing</i> | Date<br><i>8/14/2020</i> |
|---|---|--------------------------|

| GOOD RETAIL PRACTICES   |   |                                 |   |
|---|---|---------------------------------|---|
| Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.<br>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 type="checkbox"/> N/A <input type="checkbox"/> N/O            | 54                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used  |
| 39  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 55                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>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 type="checkbox"/> IN <input type="checkbox"/> OUT<br>Nonfood-contact surfaces clean  |
| 41  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 57                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Hot and cold water available; adequate pressure  |
| 42  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 58                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Plumbing installed; proper backflow devices   |
| 43  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 59                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Sewage and waste water properly disposed   |
| Food Identification   |   | 60                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Toilet facilities: properly constructed, supplied, cleaned   |
| 44  | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | 61                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Garbage/refuse properly disposed; facilities maintained  |
| Prevention of Food Contamination  |   | 62                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Physical facilities installed, maintained, and clean; dogs in outdoor dining areas |
| 45  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 63                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br>Adequate ventilation and lighting; designated areas used  |
| 46  | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | 64                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Existing Equipment and Facilities   |
| 47  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Administrative                  |   |
| 48  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 65                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>901:3-4 OAC  |
| 49  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 66                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>3701-21 OAC  |
| Proper Use of Utensils  |   |                                 |   |
| 50  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |                                 |   |
| 51  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   |                                 |   |
| 52  | <input 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 |              |                |   |                                     |                          |
|-------------------------------------|--------------|----------------|---|-------------------------------------|--------------------------|
| Item No.                            | Code Section | Priority Level | Comment   | COS                                 | R                        |
|                                     |              |                | Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation   |                                     |                          |
|                                     |              |                | Inspection of milk cooler 37°F ambient air temperature and Pepsi cooler water at 35°F for a temporary set up. Both units are acceptable to hold TCS foods. All food will be prepackaged at Danville Primary and brought up for immediate service as a bagged lunch. - Provide hand sanitizer OK to operate. Application provided at time of inspection. Provide signed application and fee to the health dept. Once hot hold kitchen is completed contact the health dept for inspection. Note: Kids will come through the line and take meals back to class rooms. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                     |              |                |   | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                     |              |                |   | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                     |              |                |   | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                     |              |                |   | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                     |              |                |   | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                     |              |                |   | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                     |              |                |   | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                     |              |                |   | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                     |              |                |   | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                     |              |                |   | <input type="checkbox"/>            | <input type="checkbox"/> |

|  |  |
|--|--|
| Person in Charge<br><i>Kim Fletcher</i>  | Date:<br><i>8-14-2020</i>              |
| Sanitarian<br><i>Talisha [Signature]</i> | Licensor:<br><i>Knox Public Health</i> |