

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

Name of facility <i>Dirkus of Howard</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>1092</i>	Date <i>4/8/2020</i>
Address <i>23349 Coshocton Rd</i>	City/State/Zip Code <i>Howard OH 43025</i>		
License holder	Inspection Time <i>60</i>	Travel Time <i>30</i>	Category/Descriptive <i>C35</i>
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 checked="" type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation <i>Change of ownership</i>		Follow up date (if required) <i>Pending</i>	Water sample date/result (if required) <i>—</i>

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 type="checkbox"/> IN <input type="checkbox"/> OUT <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 type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records
Employee Health		Consumer Advisory	
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	Highly Susceptible Populations	
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
Preventing Contamination by Hands		Conformance with Approved Procedures	
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
Approved Source		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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 <input type="checkbox"/> N/A Critical Control Point Inspection
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Process Review
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance
15	<input checked="" type="checkbox"/> IN <input 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>	
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT		
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <i>Dinikos of Howard</i>	Type of Inspection <i>Pre-licensing/Change of ownership</i>	Date <i>4/8/2020</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 type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities		
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure	
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed	
Food Identification		Administrative		
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned	
Prevention of Food Contamination		61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained	62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	67 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC	
Proper Use of Utensils		Observations and Corrective Actions		
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	68 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	69 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC	
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	<i>Restless Pizza Even FTB approved</i>	
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use	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
2			<i>Provide ODH certification for manager.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3			<i>Ensure all employees sign health policy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
54			<i>Keep mop bucket. Paint or seal to make smooth, easily cleanable, and non-absorbent</i>	<input type="checkbox"/>	<input type="checkbox"/>
60			<i>Seal edge of raised floor under pizza ovens</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Provide 5' x 6' sheet for Big sandwich prep and any other new equipment.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Previously, unsealed wall over from previous owner repaired. Thank you.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>New LED lighting installed.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Rep coolers at work 387, 417, 377</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Work in 417, Bev. Air sliding door 407</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>OK for use if TCS prepped foods if maintaining food at 41°F or below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Fire inspection tomorrow 4/9/2020 email</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Don Park</i>	Date: <i>4-8-20</i>
Sanitarian <i>Talk K...</i>	Licensor: <i>Knex Public Health</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Dirkos of Howard</i>	Type of Inspection <i>Pre-licensing/Change of ownership</i>	Date <i>4/9/2020</i>
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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>Copy to khicyp@knoxhealth.com</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			<i>Bleach present as sanitizer with test strips</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Ensure all social distancing requirements are met for employees and customers</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Thermometer ordered for taking temperatures</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>All refrigerators/freezers have working thermometers inside</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Supply of vinyl gloves present.</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			<i>Scheduled opening 4/15/2020</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Hours</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Closed Monday.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>2-10:00 Tues-Wed</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>11-10 P-Thursday</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>11-11 Fri/Sat</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>2-9 Sun</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			<i>OK to operate once fee and application are received/processed Application left on site.</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			<i>Follow up will be conducted after 30 days pending Director of Health of Ohio orders.</i>	<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: <i>Dean Park</i>	Date: <i>4-8-20</i>
Sanitarian: <i>[Signature]</i>	Licensor: <i>KPH</i>