

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------|----------------------------------|
| Name of facility <i>Dominos Pizza/Mount Vernon</i> | Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> CRFE | License number <i>10661</i> | Date <i>2/13/15</i> |
| Address <i>321 South Main St., Mt. Vernon</i> | | Category/Descriptive <i>C35</i> | |
| License holder <i>Russ Mentzer</i> | Inspection time (min) | Travel time (min) | Other |
| Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i> | | Follow-up date (if required) | Sample date/result (if required) |

3717-1 OAC Violation Checked

Management and Personnel

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|---------------------------------------------------|
| <input type="checkbox"/> 2.1 Employee health |
| <input type="checkbox"/> 2.2 Personal cleanliness |
| <input type="checkbox"/> 2.3 Hygienic practices |
| <input type="checkbox"/> 2.4 Supervision |

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|-------------------------------------------------------------------|
| <input type="checkbox"/> 4.4 Maintenance and operation |
| <input type="checkbox"/> 4.5 Cleaning of equipment and utensils |
| <input type="checkbox"/> 4.6 Sanitizing of equipment and utensils |
| <input type="checkbox"/> 4.7 Laundering |
| <input type="checkbox"/> 4.8 Protection of clean items |

Poisonous or Toxic Materials

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|--------------------------------------------------------------------|
| <input type="checkbox"/> 7.0 Labeling and identification |
| <input type="checkbox"/> 7.1 Operational supplies and applications |
| <input type="checkbox"/> 7.2 Storage and display separation |

Food

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|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> 3.0 Safe, unadulterated and honestly presented |
| <input type="checkbox"/> 3.1 Sources, specifications and original containers |
| <input type="checkbox"/> 3.2 Protection from contamination after receiving |
| <input type="checkbox"/> 3.3 Destruction of organisms |
| <input type="checkbox"/> 3.4 Limitation of growth of organisms |
| <input type="checkbox"/> 3.5 Identity, presentation, on premises labeling |
| <input type="checkbox"/> 3.6 Discarding or reconditioning unsafe, adulterated |
| <input type="checkbox"/> 3.7 Special requirements for highly susceptible populations |

Water, Plumbing, and Waste

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|-----------------------------------------------------------------------|
| <input type="checkbox"/> 5.0 Water |
| <input type="checkbox"/> 5.1 Plumbing system |
| <input type="checkbox"/> 5.2 Mobile water tanks |
| <input type="checkbox"/> 5.3 Sewage, other liquid waste and rainwater |
| <input type="checkbox"/> 5.4 Refuse, recyclables, and returnables |

Special Requirements

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| <input type="checkbox"/> 8.0 Fresh juice production |
| <input type="checkbox"/> 8.1 Heat treatment dispensing freezers |
| <input type="checkbox"/> 8.2 Custom processing |
| <input type="checkbox"/> 8.3 Bulk water machine criteria |
| <input type="checkbox"/> 8.4 Acidified white rice preparation criteria |
| <input type="checkbox"/> 9.0 Facility layout and equipment specifications |
| <input type="checkbox"/> 20 Existing facilities and equipment |

Equipment, Utensils, and Linens

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|--------------------------------------------------------------------|
| <input type="checkbox"/> 4.0 Materials for construction and repair |
| <input type="checkbox"/> 4.1 Design and construction |
| <input type="checkbox"/> 4.2 Numbers and capacities |
| <input type="checkbox"/> 4.3 Location and installation |

Physical Facilities

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|---------------------------------------------------------------------|
| <input type="checkbox"/> 6.0 Materials for construction and repair |
| <input type="checkbox"/> 6.1 Design, construction, and installation |
| <input type="checkbox"/> 6.2 Numbers and capacities |
| <input type="checkbox"/> 6.3 Location and placement |
| <input checked="" type="checkbox"/> 6.4 Maintenance and operation |

Administrative

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|--------------------------------------|
| <input type="checkbox"/> 901:3-4 OAC |
| <input type="checkbox"/> 3701-21 OAC |

Violation(s)/Comment(s) *Person-in-charge (PIC) present. Ensure OAH certificates present for review.*

- Cold holding, acceptable at 41°F or below during inspection.

- Date marking, observed.

6.4) observed cover base missing, at wall corner in back, repair to make smooth, easily cleanable.

6.4) observed bottom seal at back door is damaged/missing. Repair/replace to make a tight fitting seal to prevent vector entry.

- Metal stem probe thermometer present in walk-in in bottle of water. Provide additional probe thermometers or ambient air thermometer in walk-in. Correct violations prior to next standard inspection.

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| Inspected by <i>[Signature]</i> | R.S./SIT # <i>3458</i> | Licensor <i>KNOX Co HD</i> |
| Received by <i>[Signature]</i> | Title | Phone |