

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

Name of facility <i>Door 142, LLC</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>420</i>	Date <i>2/5/2019</i>
Address <i>142 North Main Street</i>	City/Zip Code <i>Fredonktown / 43019</i>		
License holder <i>Rachel Mackall</i>	Inspection Time <i>90 mins</i>	Travel Time <i>20 mins</i>	Category/Descriptive <i>C45</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 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**

**Supervision**

1  IN  OUT  N/A Person in charge present, demonstrates knowledge, and performs duties

2  IN  OUT  N/A Certified Food Protection Manager

**Employee Health**

3  IN  OUT  N/A Management, food employees and conditional employee; knowledge, responsibilities and reporting

4  IN  OUT  N/A Proper use of restriction and exclusion

5  IN  OUT  N/A Procedures for responding to vomiting and diarrheal events

**Good Hygienic Practices**

6  IN  OUT  N/O Proper eating, tasting, drinking, or tobacco use

7  IN  OUT  N/O No discharge from eyes, nose, and mouth

**Preventing Contamination by Hands**

8  IN  OUT  N/O Hands clean and properly washed

9  IN  OUT  N/A No bare hand contact with ready-to-eat foods or approved alternate method properly followed

10  IN  OUT  N/A Adequate handwashing facilities supplied & accessible

**Approved Source**

11  IN  OUT Food obtained from approved source

12  IN  OUT  N/A Food received at proper temperature

13  IN  OUT Food in good condition, safe, and unadulterated

14  IN  OUT  N/A Required records available: shellstock tags, parasite destruction

**Protection from Contamination**

15  IN  OUT  N/A Food separated and protected

16  IN  OUT  N/A Food-contact surfaces: cleaned and sanitized

17  IN  OUT Proper disposition of returned, previously served, reconditioned, and unsafe food

**Time/Temperature Controlled for Safety Food (TCS food)**

18  IN  OUT  N/A Proper cooking time and temperatures

19  IN  OUT  N/A Proper reheating procedures for hot holding

20  IN  OUT  N/A Proper cooling time and temperatures

21  IN  OUT  N/A Proper hot holding temperatures

22  IN  OUT  N/A Proper cold holding temperatures

**Compliance Status**

**Time/Temperature Controlled for Safety Food (TCS food)**

23  IN  OUT  N/A Proper date marking and disposition

24  IN  OUT  N/A Time as a public health control: procedures & records

**Consumer Advisory**

25  IN  OUT  N/A Consumer advisory provided for raw or undercooked foods

**Highly Susceptible Populations**

26  IN  OUT  N/A Pasteurized foods used; prohibited foods not offered

**Chemical**

27  IN  OUT  N/A Food additives: approved and properly used

28  IN  OUT  N/A Toxic substances properly identified, stored, used

**Conformance with Approved Procedures**

29  IN  OUT  N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan

30  IN  OUT  N/A Special Requirements: Fresh Juice Production

31  IN  OUT  N/A Special Requirements: Heat Treatment Dispensing Freezers

32  IN  OUT  N/A Special Requirements: Custom Processing

33  IN  OUT  N/A Special Requirements: Bulk Water Machine Criteria

34  IN  OUT  N/A Special Requirements: Acidified White Rice Preparation Criteria

35  IN  OUT  N/A Critical Control Point Inspection

36  IN  OUT  N/A Process Review

37  IN  OUT  N/A Variance

**Risk factors** are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

**Public health interventions** are control measures to prevent foodborne illness or injury.

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility: <u>Door 142, LLC</u>	Type of Inspection: <u>Standard/CCP</u>	Date: <u>2/5/2019</u>
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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 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 checked="" 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	901:3-4 OAC	
Washing fruits and vegetables		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<p style="font-size: 1.2em;">Prep Table - 37°F Upright Unit - 38°F</p>	
In-use utensils: properly stored			
51	<input checked="" 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 checked="" 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
			Person in Charge present during the inspection.	<input type="checkbox"/>	<input type="checkbox"/>
56	4.5	N/A	Observed food & debris build-up present on door handles of refrigeration units in main kitchen. Proper clean and maintain.	<input type="checkbox"/>	<input type="checkbox"/>
63	6.2	N/A	Flourescent light bulb located in waiting ice machine location. Fluorescent provide lighting to ensure 20 ft candles is present.	<input type="checkbox"/>	<input type="checkbox"/>
			Ensure ice machine cover is replaced once unit is unthawed and working properly.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <u>Rachel Mackee</u>	Date: <u>2-5-19</u>
Sanitarian: <u>Kevin Hillier, RS</u>	Licenser: <u>Kwx 6 HV</u>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

Page 2 of

State of Ohio  
**Continuation Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Door 142, LLC</i>	Type of Inspection <i>Staked/CCP</i>	Date <i>2/5/19</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
			* Kitchen lighting beginning to "dim" due to light shields becoming aged and brittle. Begin to replace to ensure 50 ft candles of lighting on surfaces.	<input type="checkbox"/>	<input type="checkbox"/>
			* Renewed Employee health policy and bodily clean-up kit requirements with operator.	<input type="checkbox"/>	<input type="checkbox"/>
			* Carpet to be removed from behind bar.	<input type="checkbox"/>	<input type="checkbox"/>
			The following positive Critical Control Point elements were noted during the inspection. (Item 35)	<input type="checkbox"/>	<input type="checkbox"/>
			III - Food worker washed hands appropriately and when required.	<input type="checkbox"/>	<input type="checkbox"/>
			IV - Person-In-Charge in kitchen is Level II OAH certified.	<input type="checkbox"/>	<input type="checkbox"/>
			V - Vacuum sealed ready-to-eat food product sealed / processed under a licensed OAH facility: (Jannings). (Records kept on file)	<input type="checkbox"/>	<input type="checkbox"/>
			VI - TCS foods being held at correct temperatures - 41F or below and 135°F or higher.	<input type="checkbox"/>	<input type="checkbox"/>
			VII - Consumer advisory provided for undercooked foods on menu.	<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>[Signature]</i>	Date: <i>2-5-19</i>
Sanitarian: <i>Loren Z Helber, AS</i>	Licensor: <i>Lynn G Hill</i>