

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

Name of facility <i>BPDE E1ks #140</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1100</i>	Date <i>2/25/19</i>
Address <i>32 Public Square</i>	City/Zip Code <i>Mt. Vernon</i>		
License holder <i>R. Fred Torrence</i>	Inspection Time	Travel Time	Category/Descriptive <i>N35</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 N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed
gloves present

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 N/O Food received at proper temperature

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

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

Protection from Contamination

15 IN OUT N/A N/O Food separated and protected

16 IN OUT N/A N/O 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 N/O Proper cooking time and temperatures

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

20 IN OUT N/A N/O Proper cooling time and temperatures

21 IN OUT N/A N/O 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 N/O Proper date marking and disposition

24 IN OUT N/A N/O 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 N/O Special Requirements: Fresh Juice Production

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

32 IN OUT N/A N/O Special Requirements: Custom Processing

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

34 IN OUT N/A N/O 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.

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Name of Facility BYDE Elks #140	Type of Inspection Standard	Date 2/25/19
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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 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 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		56	<input type="checkbox"/> IN <input type="checkbox"/> OUT
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Physical Facilities	
Proper cooling methods used; adequate equipment for temperature control		57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Hot and cold water available; adequate pressure	
Plant food properly cooked for hot holding		58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plumbing installed; proper backflow devices	
Approved thawing methods used		59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed	
Thermometers provided and accurate		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food properly labeled; original container		901:3-4 OAC	
Prevention of Food Contamination		66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3701-21 OAC	
Insects, rodents, and animals not present/outer openings protected			
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Contamination prevented during food preparation, storage & display			
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT		
Personal cleanliness			
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Wiping cloths: properly used and stored			
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Washing fruits and vegetables			
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
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 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
			Note: Kitchen not in operation at time of inspection	<input type="checkbox"/>	<input type="checkbox"/>
			Person in charge had left for the day	<input type="checkbox"/>	<input type="checkbox"/>
			Unable to test dish machine at time of inspection	<input type="checkbox"/>	<input type="checkbox"/>
2			Employee (Jessica Shirley) has signed up for ServSafe at the K&D in April	<input type="checkbox"/>	<input type="checkbox"/>
23		C	Not all ready to eat time / temperature controlled for safety food (TCS) date mark - Date mark all TCS ready to eat food - Hold no longer than 7 days	<input type="checkbox"/>	<input type="checkbox"/>
104			Remove crock pots from facility as they are not approved	<input type="checkbox"/>	<input type="checkbox"/>
			*Cleaning improvements have been made. He walk-in - continued cleaning - Remove contact paper as this	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge x Brenda Dain	Date: 2/25/19
Sanitarian 	Licensors: Knox

