

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

|                                             |                                                                                   |                               |                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| Name of facility<br><i>Farmer's Orchard</i> | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br><i>403</i>  | Date<br><i>10/25/2019</i>          |
| Address<br><i>38730 Brush Run Road</i>      | City/Zip Code<br><i>Walhonding 43843</i>                                          |                               |                                    |
| License holder<br><i>Ora Mast</i>           | Inspection Time<br><i>45 mins</i>                                                 | Travel Time<br><i>50 mins</i> | Category/Descriptive<br><i>CIS</i> |

Type of inspection (check all that apply)  
 Standard  Critical Control Point (FSO)  Process Review (RFE)  Variance Review  Follow up  
 Foodborne  30 Day  Complaint  Pre-licensing  Consultation

Follow up date (if required): \_\_\_\_\_  
 Water sample date/result (if required): *10/25/19 / Acceptable*

**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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Person in charge present, demonstrates knowledge, and performs duties                          |                                                                                                                                  | 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 |
| Certified Food Protection Manager                                                              |                                                                                                                                  | Time as a public health control: procedures & records                                                                                                                                                                                                                          |                                                                                                                                  |
| <b>Employee Health</b>                                                                         |                                                                                                                                  | <b>Consumer Advisory</b>                                                                                                                                                                                                                                                       |                                                                                                                                  |
| 3                                                                                              | <input 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                              |
| Management, food employees and conditional employee, knowledge, responsibilities and reporting |                                                                                                                                  | Consumer advisory provided for raw or undercooked foods                                                                                                                                                                                                                        |                                                                                                                                  |
| 4                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | <b>Highly Susceptible Populations</b>                                                                                                                                                                                                                                          |                                                                                                                                  |
| Proper use of restriction and exclusion                                                        |                                                                                                                                  | 26                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 5                                                                                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                            | Pasteurized foods used; prohibited foods not offered                                                                                                                                                                                                                           |                                                                                                                                  |
| Procedures for responding to vomiting and diarrheal events                                     |                                                                                                                                  | <b>Chemical</b>                                                                                                                                                                                                                                                                |                                                                                                                                  |
| <b>Good Hygienic Practices</b>                                                                 |                                                                                                                                  | 27                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 6                                                                                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O                                 | Food additives: approved and properly used                                                                                                                                                                                                                                     |                                                                                                                                  |
| Proper eating, tasting, drinking, or tobacco use                                               |                                                                                                                                  | 28                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 7                                                                                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                            | Toxic substances properly identified, stored, used                                                                                                                                                                                                                             |                                                                                                                                  |
| No discharge from eyes, nose, and mouth                                                        |                                                                                                                                  | <b>Conformance with Approved Procedures</b>                                                                                                                                                                                                                                    |                                                                                                                                  |
| <b>Preventing Contamination by Hands</b>                                                       |                                                                                                                                  | 29                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 8                                                                                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                            | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan                                                                                                                                                                                          |                                                                                                                                  |
| Hands clean and properly washed                                                                |                                                                                                                                  | 30                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9                                                                                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Fresh Juice Production                                                                                                                                                                                                                                   |                                                                                                                                  |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed    |                                                                                                                                  | 31                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 10                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                            | Special Requirements: Heat Treatment Dispensing Freezers                                                                                                                                                                                                                       |                                                                                                                                  |
| Adequate handwashing facilities supplied & accessible                                          |                                                                                                                                  | 32                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| <b>Approved Source</b>                                                                         |                                                                                                                                  | 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food obtained from approved source                                                             |                                                                                                                                  | Special Requirements: Bulk Water Machine Criteria                                                                                                                                                                                                                              |                                                                                                                                  |
| 12                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 34                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food received at proper temperature                                                            |                                                                                                                                  | Special Requirements: Acidified White Rice Preparation Criteria                                                                                                                                                                                                                |                                                                                                                                  |
| 13                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                              | 35                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| Food in good condition, safe, and unadulterated                                                |                                                                                                                                  | Critical Control Point Inspection                                                                                                                                                                                                                                              |                                                                                                                                  |
| 14                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 36                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| Required records available: shellstock tags, parasite destruction                              |                                                                                                                                  | Process Review                                                                                                                                                                                                                                                                 |                                                                                                                                  |
| <b>Protection from Contamination</b>                                                           |                                                                                                                                  | 37                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 15                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance                                                                                                                                                                                                                                                                       |                                                                                                                                  |
| Food separated and protected                                                                   |                                                                                                                                  | <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 |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Food-contact surfaces: cleaned and sanitized                                                   |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 17                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT                                                                         |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper disposition of returned, previously served, reconditioned, and unsafe food              |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| <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 |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper cooking time and temperatures                                                           |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 19                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper reheating procedures for hot holding                                                    |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 20                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper cooling time and temperatures                                                           |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 21                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper hot holding temperatures                                                                |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 22                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper cold holding temperatures                                                               |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |

# State of Ohio Food Inspection Report

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|                                            |                                       |                         |
|--------------------------------------------|---------------------------------------|-------------------------|
| Name of Facility<br><i>Farmers Orchard</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>10/25/19</i> |
|--------------------------------------------|---------------------------------------|-------------------------|

## 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 type="checkbox"/> IN <input type="checkbox"/> OUT                                                                      | 55                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Water and ice from approved source                                      |                                                                                                                               | Warewashing facilities: installed, maintained, used; test strips                      |                                                                                                  |
| Food Temperature Control                                                |                                                                                                                               | Physical Facilities                                                                   |                                                                                                  |
| 40                                                                      | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 57                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Plant food properly cooked for hot holding                              |                                                                                                                               | 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 checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Thermometers provided and accurate                                      |                                                                                                                               | Sewage and waste water properly disposed                                              |                                                                                                  |
| Food Identification                                                     |                                                                                                                               | 60                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Administrative                                                                        |                                                                                                  |
| Wiping cloths: properly used and stored                                 |                                                                                                                               | 65                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Proper Use of Utensils                                                  |                                                                                                                               | 3701-21 OAC                                                                           |                                                                                                  |
| 50                                                                      | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | License is displayed.                                                                 |                                                                                                  |
| In-use utensils: properly stored                                        |                                                                                                                               |                                                                                       |                                                                                                  |
| 51                                                                      | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |                                                                                       |                                                                                                  |
| Utensils, equipment and linens: properly stored, dried, handled         |                                                                                                                               |                                                                                       |                                                                                                  |
| 52                                                                      | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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                        |
|-----------|--------------|----------------|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|           |              |                | <i>Person - In-Charge present.</i>                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |              |                | <i>Unpasteurized, on-site apple cider properly labeled with identification and warranty statement.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|           |              |                | <i>Cottage food product properly labeled.</i>                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>40</i> | <i>4.2</i>   | <i>N/C</i>     | <i>provide refrigerator thermometer for hot holding (apple cider).</i>                                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |              |                | <i>*Water sample collected for total coliform bacteria.</i>                                            | <input type="checkbox"/> | <input type="checkbox"/> |

|                                            |                                     |
|--------------------------------------------|-------------------------------------|
| Person in Charge<br><i>Effie Mast</i>      | Date:<br><i>10-25-19</i>            |
| Sanitarian<br><i>Tami L. Hillier, R.S.</i> | Licensors:<br><i>Knox County HD</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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