

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

Name of facility Ferrari Baking Company	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 404	Date 1/8/19
Address 3 West High St.	City/Zip Code Mt Vernon 143050		
License holder Carlo Ferrari	Inspection Time	Travel Time	Category/Descriptive C35
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 <i>Ferrari Baking Company</i>	Type of Inspection <i>Standard</i>	Date <i>1/8/19</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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input checked="" 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	55	<input checked="" 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 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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 Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Administrative	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		

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
2			Employee with management or supervisory role must have Level II Food Safety Training	<input type="checkbox"/>	<input type="checkbox"/>
			* Bakery case holding sausage wrap at 41°F and cheese cake at 44°F - Ensure unit doors are closed properly and TCS food is held at 41°F or below	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Note: Flour has been sealed	<input type="checkbox"/>	<input type="checkbox"/>
			Plastic used to cover items in the basement	<input type="checkbox"/>	<input type="checkbox"/>
			Plumbing approval granted for espresso machine and ice machine	<input type="checkbox"/>	<input type="checkbox"/>
			Facility no longer making soups or deli salads	<input type="checkbox"/>	<input type="checkbox"/>
			Currently making baked goods and sausage wraps	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Donna Davis</i>	Date: <i>1/8/19</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>KNOW</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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