

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                              |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| Name of facility<br><b>Fire Eighty Six</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><b>29</b>  | Date<br><b>2/18/2020</b>               |
| Address<br><b>800 Martinsburg Rd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | City/State/Zip Code<br><b>Mt. Vernon OH 43050</b>                                 |                              |                                        |
| License holder<br><b>Pioneer College Caterers</b>                                                                                                                                                                                                                                                                                                                                                                                                               | Inspection Time                                                                   | Travel Time                  | Category/Descriptive<br><b>C3S</b>     |
| Type of Inspection (check all that apply)<br><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<br><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                                                                               |                                                                                                                                  | 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 24                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 checked="" 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 employees, knowledge, responsibilities and reporting |                                                                                                                                  | Consumer advisory provided for raw or undercooked foods                                                                                                                                                                                                                        |                                                                                                                                  |
| 4                                                                                               | <input 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| 7                                                                                               | <input checked="" 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 type="checkbox"/> N/A                                         |
| 8                                                                                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 9                                                                                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 10                                                                                              | <input checked="" 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 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 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 type="checkbox"/> N/A <input type="checkbox"/> N/O            | 34                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 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 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 type="checkbox"/> N/A                                         |
| 15                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Food-contact surfaces: cleaned and sanitized                                                    |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 17                                                                                              | <input checked="" 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 type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> N/A <input checked="" 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

Authority: Chapters 3717 and 3715 Ohio Revised Code

|                                            |                                       |                          |
|--------------------------------------------|---------------------------------------|--------------------------|
| Name of Facility<br><i>Five Eighty Six</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>2/18/2020</i> |
|--------------------------------------------|---------------------------------------|--------------------------|

| GOOD RETAIL PRACTICES                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.<br>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 |                                                                                                                               |                                                                                       |
| <b>Safe Food and Water</b>                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                       |
| 38                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Pasteurized eggs used where required                                                  |
| 39                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Water and ice from approved source                                                    |
| <b>Food Temperature Control</b>                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                       |
| 40                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooling methods used; adequate equipment for temperature control               |
| 41                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Plant food properly cooked for hot holding                                            |
| 42                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Approved thawing methods used                                                         |
| 43                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Thermometers provided and accurate                                                    |
| <b>Food Identification</b>                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                       |
| 44                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Food properly labeled; original container                                             |
| <b>Prevention of Food Contamination</b>                                                                                                                                                                                                                                                           |                                                                                                                               |                                                                                       |
| 45                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 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                                                         |
| <b>Proper Use of Utensils</b>                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                       |
| 50                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> N/O | Slash-resistant, cloth, and latex glove use                                           |
| <b>Utensils, Equipment and Vending</b>                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                       |
| 54                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 55                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Warewashing facilities: installed, maintained, used; test strips                      |
| 56                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Nonfood-contact surfaces clean                                                        |
| <b>Physical Facilities</b>                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                       |
| 57                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Hot and cold water available; adequate pressure                                       |
| 58                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Plumbing installed; proper backflow devices                                           |
| 59                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Sewage and waste water properly disposed                                              |
| 60                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                         | Toilet facilities: properly constructed, supplied, cleaned                            |
| 61                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Garbage/refuse properly disposed; facilities maintained                               |
| 62                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |
| 63                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Adequate ventilation and lighting; designated areas used                              |
| 64                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Existing Equipment and Facilities                                                     |
| <b>Administrative</b>                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                       |
| 65                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | 901:3-4 OAC                                                                           |
| 66                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 3701-21 OAC                                                                           |

| 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                        |
|                                                                                                       |              |                |                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                       |              |                | Food temperatures acceptable at time of inspection                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                       |              |                | - Disposable gloves present                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                       |              |                | Metal stem probe thermometer present                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                       |              |                | Eliminate build-up on counter by fryer                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                       |              |                | * - Remove cardboard from freezer and single use bags on counter as these cannot be properly cleaned | <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<br><i>Shirley Carbonneau</i> | Date:<br><i>2/18</i>      |
| Sanitarian<br><i>[Signature]</i>              | Licensors:<br><i>KNOX</i> |