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

| Name of facility | Check one | License Number | Date |
|---|---|---|---|
| The Mount Vernon Grand Hotel | ☒FSO ☐RFE | 439 | 2/12/2020 |

| Address | City/State/Zip Code | | |
|---|---|---|---|
| 12 Public Square | Mt. Vernon OH 43050 | | |

| License holder | Inspection Time | Travel Time | Category/Descriptive |
|---|---|---|---|
| MVNU Management LLC | 60 | 15 | C35 |

| Type of inspection (check all that apply) | Follow up date (if required) | Water sample date/result (if required) |
|---|---|---|
| ☒Standard  ☐Critical Control Point (FSO)  ☐Process Review (RFE)  ☐Variance Review  ☐Follow up  ☐Foodborne  ☐30 Day  ☐Complaint  ☐Pre-licensing  ☐Consultation | | |

## 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

| # | Status | Item |
|---|---|---|
| 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

| # | Status | Item |
|---|---|---|
| 3 | ☒IN ☐OUT ☐N/A | Management, food employees and conditional employees; knowledge, responsibilities and reporting  *update* |
| 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

| # | Status | Item |
|---|---|---|
| 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

| # | Status | Item |
|---|---|---|
| 8 | ☒IN ☐OUT ☐N/O | Hands clean and properly washed |
| 9 | ☒IN ☐OUT ☐N/A ☐N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |
| 10 | ☒IN ☐OUT ☐N/A | Adequate handwashing facilities supplied & accessible |

#### Approved Source

| # | Status | Item |
|---|---|---|
| 11 | ☒IN ☐OUT | Food obtained from approved source |
| 12 | ☐IN ☐OUT ☐N/A ☒N/O | Food received at proper temperature |
| 13 | ☒IN ☐OUT | Food in good condition, safe, and unadulterated |
| 14 | ☐IN ☐OUT ☒N/A ☐N/O | Required records available: shellstock tags, parasite destruction |

#### Protection from Contamination

| # | Status | Item |
|---|---|---|
| 15 | ☒IN ☐OUT ☐N/A ☐N/O | Food separated and protected |
| 16 | ☒IN ☐OUT ☐N/A ☐N/O | Food-contact surfaces: cleaned and sanitized |
| 17 | ☒IN ☐OUT | Proper disposition of returned, previously served, reconditioned, and unsafe food |

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

| # | Status | Item |
|---|---|---|
| 18 | ☐IN ☐OUT ☒N/A ☐N/O | Proper cooking time and temperatures |
| 19 | ☐IN ☐OUT ☒N/A ☐N/O | Proper reheating procedures for hot holding |
| 20 | ☐IN ☐OUT ☐N/A ☒N/O | Proper cooling time and temperatures |
| 21 | ☒IN ☐OUT ☐N/A ☐N/O | Proper hot holding temperatures  *Eggs 140F* |
| 22 | ☒IN ☐OUT ☐N/A | Proper cold holding temperatures  *Almond Milk 35F  Frost Top* |

### Compliance Status

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

| # | Status | Item |
|---|---|---|
| 23 | ☒IN ☐OUT ☐N/A ☐N/O | Proper date marking and disposition |
| 24 | ☐IN ☐OUT ☒N/A ☐N/O | Time as a public health control: procedures & records |

#### Consumer Advisory

| # | Status | Item |
|---|---|---|
| 25 | ☐IN ☐OUT ☒N/A | Consumer advisory provided for raw or undercooked foods |

#### Highly Susceptible Populations

| # | Status | Item |
|---|---|---|
| 26 | ☐IN ☐OUT ☒N/A | Pasteurized foods used; prohibited foods not offered |

#### Chemical

| # | Status | Item |
|---|---|---|
| 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

| # | Status | Item |
|---|---|---|
| 29 | ☐IN ☐OUT ☐N/A | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 30 | ☐IN ☐OUT ☐N/A ☐N/O | Special Requirements: Fresh Juice Production |
| 31 | ☐IN ☐OUT ☐N/A ☐N/O | Special Requirements: Heat Treatment Dispensing Freezers |
| 32 | ☐IN ☐OUT ☐N/A ☐N/O | Special Requirements: Custom Processing |
| 33 | ☐IN ☐OUT ☐N/A ☐N/O | Special Requirements: Bulk Water Machine Criteria |
| 34 | ☐IN ☐OUT ☐N/A ☐N/O | Special Requirements: Acidified White Rice Preparation Criteria |
| 35 | ☐IN ☐OUT ☐N/A | Critical Control Point Inspection |
| 36 | ☐IN ☐OUT ☐N/A | Process Review |
| 37 | ☐IN ☐OUT ☐N/A | Variance |

*N/A*

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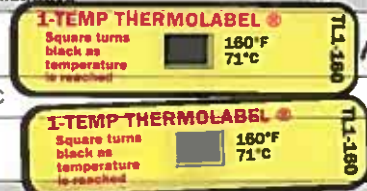
# State of Ohio
## Food Inspection Report
Authority: Chapters 3717 and 3715 Ohio Revised Code

| Name of Facility | Type of Inspection | Date |
|---|---|---|
| The Mount Vernon Grand Hotel | Standard | 2/12/2020 |

## 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

| 38 | ☐ IN ☐ OUT ☑ N/A ☐ N/O | Pasteurized eggs used where required |
|---|---|---|
| 39 | ☑ IN ☐ OUT ☐ N/A | Water and ice from approved source |

### Food Temperature Control

| 40 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | Proper cooling methods used; adequate equipment for temperature control |
|---|---|---|
| 41 | ☐ IN ☐ OUT ☐ N/A ☑ N/O | Plant food properly cooked for hot holding |
| 42 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | Approved thawing methods used |
| 43 | ☑ IN ☐ OUT ☐ N/A | Thermometers provided and accurate |

### Food Identification

| 44 | ☑ IN ☐ OUT | Food properly labeled; original container |
|---|---|---|

### Prevention of Food Contamination

| 45 | ☑ IN ☐ OUT | Insects, rodents, and animals not present/outer openings protected |
|---|---|---|
| 46 | ☑ IN ☐ OUT | Contamination prevented during food preparation, storage & display |
| 47 | ☑ IN ☐ OUT ☐ N/A | Personal cleanliness |
| 48 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | Wiping cloths: properly used and stored |
| 49 | ☐ IN ☐ OUT ☐ N/A ☑ N/O | Washing fruits and vegetables |

### Proper Use of Utensils

| 50 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | In-use utensils: properly stored |
|---|---|---|
| 51 | ☑ IN ☐ OUT ☐ N/A | Utensils, equipment and linens: properly stored, dried, handled |
| 52 | ☑ IN ☐ OUT ☐ N/A | Single-use/single-service articles: properly stored, used |
| 53 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | Slash-resistant, cloth, and latex glove use |

### Utensils, Equipment and Vending

| 54 | ☑ IN ☐ OUT | Food and nonfood-contact surfaces cleanable properly designed, constructed, and used |
|---|---|---|
| 55 | ☑ IN ☐ OUT ☐ N/A | Warewashing facilities installed, maintained, used test strips |
| 56 | ☑ IN ☐ OUT | Nonfood-contact surfaces clean |

### Physical Facilities

| 57 | ☑ IN ☐ OUT ☐ N/A | Hot and cold water available adequate pressure |
|---|---|---|
| 58 | ☐ IN ☐ OUT ☐ N/A ☐ N/O | Plumbing installed, proper backflow devices |
| 59 | ☑ IN ☐ OUT ☐ N/A | Sewage and waste water properly disposed |
| 60 | ☑ IN ☐ OUT ☐ N/A | Toilet facilities: properly constructed, supplied, cleaned |
| 61 | ☑ IN ☐ OUT ☐ N/A | Garbage/refuse properly disposed facilities maintained |
| 62 | ☑ IN ☐ OUT ☐ N/A ☐ N/O | Physical facilities installed, maintained, and clean, dogs in outdoor dining areas |
| 63 | ☑ IN ☐ OUT | Adequate ventilation and lighting designated areas used |
| 64 | ☑ IN ☐ OUT ☐ N/A | Existing Equipment and Facilities |

### Administrative

| 65 | ☐ IN ☐ OUT ☑ N/A | 901 3-4 OAC |
|---|---|---|
| 66 | ☑ IN ☐ OUT ☐ N/A | 3701-21 OAC |

**1-TEMP THERMOLABEL** — Square turns black as temperature is reached — 160°F 71°C — TL1-160

**1-TEMP THERMOLABEL** — Square turns black as temperature is reached — 160°F 71°C — TL1-160

## 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 |
|---|---|---|---|---|---|
| | | | Previous violations corrected. Thank you. | ☐ | ☐ |
| | | | | ☐ | ☐ |
| 55 | | | Observed leak at drain seal of sanitize sink in | ☐ | ☐ |
| | | | 3 compartment sink in banquet kitchen | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | New Beverage Air Freezer Model HBF27HC-1 present | ☐ | ☐ |
| | | | in breakfast kitchen. Previous freezer moved | ☐ | ☐ |
| | | | to banquet kitchen. In the future, contact | ☐ | ☐ |
| | | | the health dept prior to adding equipment to | ☐ | ☐ |
| | | | ensure approval. | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | - | Both dish machines reaching acceptable temperature | ☐ | ☐ |
| | | | to sanitize at time of inspection | ☐ | ☐ |
| | | | | ☐ | ☐ |

| Person in Charge | Date: |
|---|---|
| Victoria R Preston | 2/12/2020 |

| Sanitarian | Licensor: |
|---|---|
| | Knox Co HD |

PRIORITY LEVEL: C = CRITICAL    NC = NON-CRITICAL

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