

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

Name of facility <u>Kenyon Bookshop</u>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <u>1085</u>	Date <u>5/16/19</u>
Address <u>106 Gaskin Ave</u>	City/Zip Code <u>Cambier 43022</u>		
License holder <u>Kenyon College</u>	Inspection Time <u>45</u>	Travel Time <u>10</u>	Category/Descriptive <u>C25</u>
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	Compliance Status	
Supervision		
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Certified Food Protection Manager	24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records	
Employee Health		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employee; knowledge, responsibilities and reporting	Consumer Advisory	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	Highly Susceptible Populations	
Good Hygienic Practices		26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	Chemical	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used	
Preventing Contamination by Hands		28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O Hands clean and properly washed	Conformance with Approved Procedures	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production	
Approved Source		31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Food received at proper temperature	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection	
Protection from Contamination		36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Process Review
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance	
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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		
Time/Temperatures Controlled for Safety Food (TCS food)		
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures		
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding		
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures		
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <u>half a half 35F</u>		

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
Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Kroyer Book Shop</i>		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> LRFE	License number <i>1085</i>	Date <i>4/13/2018</i>
Address <i>1016 Gaskin Ave, Gambier</i>		Category/Descriptive <i>C25</i>		
License holder <i>Kroyer College</i>		Inspection time (min) <i>60</i>	Travel time (min) <i>20</i>	Other
Type of visit (check) <input type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input checked="" type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other specify		Follow-up date (if required)		Sample date/result (if required)

3717-1 OAC Violation Checked

Management and Personnel

2.1	Employee health
2.2	Personal cleanliness
2.3	Hygienic practices
2.4	Supervision

4.4	Maintenance and operation
4.5	Cleaning of equipment and utensils
4.6	Sanitizing of equipment and utensils
4.7	Laundrying
4.8	Protection of clean items

Poisonous or Toxic Materials

7.0	Labeling and identification
7.1	Operational supplies and applications
7.2	Storage and display separation

Food

3.0	Safe, unadulterated and honestly presented
3.1	Sources, specifications and original containers
3.2	Protection from contamination after receiving
3.3	Destruction of organisms
3.4	Limitation of growth of organisms
3.5	Identity, presentation, on premises labeling
3.6	Discarding or reconditioning unsafe, adulterated
3.7	Special requirements for highly susceptible populations

Water, Plumbing, and Waste

5.0	Water
5.1	Plumbing system
5.2	Mobile water tanks
5.3	Sewage, other liquid waste and rainwater
5.4	Refuse, recyclables, and returnables

Special Requirements

8.0	Fresh juice production
8.1	Heat treatment dispensing freezers
8.2	Custom processing
8.3	Bulk water machine criteria
8.4	Acidified white rice preparation criteria
9.0	Facility layout and equipment specifications
20	Existing facilities and equipment

Equipment, Utensils, and Linens

4.0	Materials for construction and repair
<input checked="" type="checkbox"/> 4.1	Design and construction
4.2	Numbers and capacities
4.3	Location and installation

Physical Facilities

6.0	Materials for construction and repair
6.1	Design, construction, and installation
6.2	Numbers and capacities
6.3	Location and placement
6.4	Maintenance and operation

Administrative

901:3-4 OAC
3701-21 OAC

Violation(s)/Comment(s)

Person - In - Charge present

30 Day Inspection finds the following -

- *Food sink functional and fully stocked*
- *Three compartment sink properly set up - 200 ppm.*
- *Small Refrigerator Temp - 43°F - Large refrigerator storage - 43°F.*
- *Bins have been installed - Storage area labeled in back room.*
- *ESUM refrigerator units are powered to maintain (Corrected) food temperatures at 41°F or below at all times.*
- *4.1 provide an approved food grade container for ice-cream cone storage. (NSF)*

Inspected by <i>Lem Fuller, R</i>	R.S./SIT # <i>2084</i>	Licenser <i>Frank County HD</i>
Received by <i>Jacinda Rager</i>	Title	Phone