

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

Name of facility <i>Marshalls #1326</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>455</i>	Date <i>11/26/2019</i>
Address <i>911 Ashcroft Road</i>	City/Zip Code <i>Mount Vernon 43050</i>		
License holder <i>Marshalls of MA</i>	Inspection Time <i>35</i>	Travel Time <i>10</i>	Category/Description <i>CIS</i>
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	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Person in charge present, demonstrates knowledge, and performs duties	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition	
Certified Food Protection Manager	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Employee Health		
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Management, food employees and conditional employee; knowledge, responsibilities and reporting	Time as a public health control: procedures & records	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory	
Proper use of restriction and exclusion	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	
Procedures for responding to vomiting and diarrheal events	Consumer advisory provided for raw or undercooked foods	
Good Hygienic Practices		
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Highly Susceptible Populations	
Proper eating, tasting, drinking, or tobacco use	26 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> N/A	
No discharge from eyes, nose, and mouth	Pasteurized foods used; prohibited foods not offered	
Preventing Contamination by Hands		
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Chemical	
Hands clean and properly washed	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed	<input checked="" type="checkbox"/> N/A	
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored, used	
Adequate handwashing facilities supplied & accessible	Conformance with Approved Procedures	
Approved Source		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Food obtained from approved source	<input checked="" type="checkbox"/> N/A	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Food received at proper temperature	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Food in good condition, safe, and unadulterated	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Required records available: shellstock tags, parasite destruction	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Protection from Contamination		
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food separated and protected	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
16 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food-contact surfaces: cleaned and sanitized	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	
Proper disposition of returned, previously served, reconditioned, and unsafe food	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Time/Temperature Controlled for Safety Food (TCS food)		
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Proper cooking time and temperatures	<input checked="" type="checkbox"/> N/A	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper hot holding temperatures	
<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	Proper cooling time and temperatures	
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures	
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cold holding temperatures	
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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.

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Name of Facility <i>Marshalls #1326</i>	Type of Inspection <i>Standard</i>	Date <i>11/2/19</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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
	Pasteurized eggs used where required		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
	Water and ice from approved source		Warewashing facilities; installed, maintained, used, test strips
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
	Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Plant food properly cooked for hot holding		Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Approved thawing methods used		Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Thermometers provided and accurate		Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Toilet facilities: properly constructed, supplied, cleaned
	Food properly labeled; original container	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Physical facilities installed, maintained, and clean
	Insects, rodents, and animals not present/outer openings protected	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Adequate ventilation and lighting; designated areas used
	Contamination prevented during food preparation, storage & display	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Existing Equipment and Facilities
	Personal cleanliness	Administrative	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Wiping cloths: properly used and stored		901 3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
	Washing fruits and vegetables		3701-21 OAC
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
	In-use utensils: properly stored		
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
	Utensils, equipment and linens: properly stored, dried, handled		
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
	Single-use/single-service articles: properly stored, used		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Slash-resistant and cloth glove use		

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
			<i>Person - In-Charge present.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>62</i>	<i>6c.4</i>	<i>N/A</i>	<i>mop hanger still not present at mop sink, to properly hang the mops. Repair provide mop hanger.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<i>Drain cover not secure on drain of mop sink. Secure the cover to close opening.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>- mop sink accessible.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>- chemicals properly labeled.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>- Back storage beverages properly stored</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>- pest control in place.</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Danao G.H.</i>	Date: <i>11-26-19</i>
Sanitarian <i>Leri L. Hillier, AS</i>	Licensors: <i>Knox G. HD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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