

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



Name of facility <i>Bre-On at Mount Vernon II, LLC DBA McDonald's</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>21</i>	Date <i>2/10/2020</i>
Address <i>1059 Coshocton Rd.</i>	City/State/Zip Code <i>Mt. Vernon OH 43050</i>		
License holder <i>Joseph Martellaro</i>	Inspection Time <i>105</i>	Travel Time	Category/Descriptive <i>CYS</i>
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow up date (if required) _____	Water sample date/result (if required) _____

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

**Compliance Status**

**Supervision**

- |   |  |   |
|---|--|---|
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Certified Food Protection Manager                                     |

**Employee Health**

- |   |  |   |
|---|--|---|
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Management, food employees and conditional employees; knowledge, responsibilities and reporting <i>update</i> |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper use of restriction and exclusion   |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Procedures for responding to vomiting and diarrheal events  |

**Good Hygienic Practices**

- |   |  |  |
|---|--|--|
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking, or tobacco use |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose, and mouth          |

**Preventing Contamination by Hands**

- |    |   |   |
|----|---|---|
| 8  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | Hands clean and properly washed   |
| 9  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Adequate handwashing facilities supplied & accessible                                       |

**Approved Source**

- |    |   |   |
|----|---|---|
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food obtained from approved source                                |
| 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                               |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food in good condition, safe, and unadulterated                   |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Required records available: shellstock tags, parasite destruction |

**Protection from Contamination**

- |    |   |   |
|----|---|---|
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated and protected  |
| 16 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <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 |

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

- |    |   |   |
|----|---|---|
| 18 | <input checked="" 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 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 <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper cooling time and temperatures                                    |
| 21 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper hot holding temperatures<br><i>Eggs 155F, Sausage gravy 176F</i> |
| 22 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Proper cold holding temperatures  |

**Compliance Status**

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

- |    |   |   |
|----|---|---|
| 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                   |
| 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 |

**Consumer Advisory**

- |    |  |   |
|----|--|---|
| 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked foods |
|----|--|---|

**Highly Susceptible Populations**

- |    |  |  |
|----|--|--|
| 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered |
|----|--|--|

**Chemical**

- |    |  |  |
|----|--|--|
| 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food additives approved and properly used          |
| 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Toxic substances properly identified, stored, used |

**Conformance with Approved Procedures**

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

**Risk factors** are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

**Public health interventions** are control measures to prevent foodborne illness or injury.

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

Name of Facility <i>Bre-On of Mount Vernon II, LLC DBA McDonalds</i>	Type of Inspection <i>Standard/CCP</i>	Date <i>2/10/2020</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	
Pasteurized eggs used where required		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	
Water and ice from approved source		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
Food Temperature Control		Physical Facilities	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	55	
Proper cooling methods used; adequate equipment for temperature control		<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	
Plant food properly cooked for hot holding		Warewashing facilities: installed, maintained, used; test strips	
Approved thawing methods used		56	
Thermometers provided and accurate		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	
Nonfood-contact surfaces clean		Administrative	
Food Identification		57	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Food properly labeled; original container		Hot and cold water available; adequate pressure	
Prevention of Food Contamination		58	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Insects, rodents, and animals not present/outer openings protected		Plumbing installed; proper backflow devices	
Contamination prevented during food preparation, storage & display		59	
Personal cleanliness		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Wiping cloths: properly used and stored		Sewage and waste water properly disposed	
Washing fruits and vegetables		60	
Proper Use of Utensils		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Toilet facilities: properly constructed, supplied, cleaned	
In-use utensils: properly stored		61	
Utensils, equipment and linens: properly stored, dried, handled		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Single-use/single-service articles: properly stored, used		Garbage/refuse properly disposed; facilities maintained	
Slash-resistant, cloth, and latex glove use		62	
		<input checked="" type="checkbox"/> IN <input checked="" 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	

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 have been corrected. Thank you	<input type="checkbox"/>	<input type="checkbox"/>
116, 55	4.6/4.4	C	Observed no detergent or sanitizer feeding into the dishmachine at time of inspection. Ensure for proper wash-rinse-sanitize of equipment/dishes that detergent and sanitizer are feeding. Products were primed and visual inspection showed product feeding, and test strips indicated 50-100 ppm chlorine residual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			vii) Monitor dishmachine to ensure chemicals for cleaning/sanitizing are being added	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4	NC	Observed a leak in the roof of the walk-in cooler. Repair roof. Ensure no food stored under leak area until repaired. No food observed under leak area at time of inspection. Correct as soon as weather permits.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Brenda Smith</i>	Date: <i>2-10-20</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>CHRIS HD</i>

**State of Ohio**  
**Continuation Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility Gre-On of Mount Vernon II, LLC NBA McDonald's	Type of Inspection Standard/CCP	Date 2/10/2020
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<b>Observations and Corrective Actions (continued)</b>					
Item No.	Code Section	Priority Level	Comment	COS	R
102	6.4	NC	Observed food debris buildup in low grout lines at fry fryers. Clean and repair grout to maintain floor smooth and easily cleanable	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			CCP Comments:	<input type="checkbox"/>	<input type="checkbox"/>
			- (vii) Hot and cold holding acceptable at time of inspection	<input type="checkbox"/>	<input type="checkbox"/>
			- Time as a public health control items are properly marked for 4 hour discard	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			- Hats worn as hair covering	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			Correct NC violations prior to next standard inspection unless otherwise noted	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Blonda Stewart</i>	Date: 2-10-20
Sanitarian: <i>[Signature]</i>	Licensors: KCHD