

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Mister Pizzeria</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>61</i>	Date <i>1/8/2020</i>
Address <i>110 Newark Road</i>	City/Zip Code <i>Mount Vernon OH 43050</i>		
License holder <i>Andy Daugherty</i>	Inspection Time <i>60</i>	Travel Time <i>20</i>	Category/Descriptive <i>C35</i>
Type of inspection (check all that apply) <input 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		Time/Temperature Controlled for Safety Food (TCS food)	
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 <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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<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 provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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		Chemical	
Good Hygienic Practices		27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <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		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
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 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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			
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

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Name of Facility <i>Miston Pizza</i>	Type of Inspection <i>Standard</i>	Date <i>1/8/2020</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.

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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	Pasturized eggs used where required	54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used																																																	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips																																																	
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	Proper cooling methods used; adequate equipment for temperature control	56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean																																																	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure																																																	
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Plumbing installed; proper backflow devices																																																	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed																																																	
Food Identification		60 <input checked="" 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																																																	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean <i>Correct</i>																																																	
Prevention of Food Contamination		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																																																	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	Administrative																																																	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	65 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC																																																
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	<p><i>prep - 350F</i></p> <p><i>Walk in - 37°F</i></p>																																																	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	Observations and Corrective Actions																																																	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation																																																	
Proper Use of Utensils		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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item No.</th> <th style="width: 10%;">Code Section</th> <th style="width: 10%;">Priority Level</th> <th style="width: 65%;">Comment</th> <th style="width: 5%;">COS</th> <th style="width: 5%;">R</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><i>certified person-in-charge present.</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>disposable gloves in use</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>Hand washing area fully stocked.</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>Two light bulbs have been provided in prep area.</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>54</td> <td>4.1</td> <td>N/C</td> <td><i>Replacement of hot holding unit for stock storage still pending. A commercial NSF approved unit is required.</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>Operation is for safe. Be advised a change of ownership will be required for new operators.</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>Operation will be required to meet current Ohio Uniform Food Safety Code requirements.</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Item No.	Code Section	Priority Level	Comment	COS	R				<i>certified person-in-charge present.</i>	<input type="checkbox"/>	<input type="checkbox"/>				<i>disposable gloves in use</i>	<input type="checkbox"/>	<input type="checkbox"/>				<i>Hand washing area fully stocked.</i>	<input type="checkbox"/>	<input type="checkbox"/>				<i>Two light bulbs have been provided in prep area.</i>	<input type="checkbox"/>	<input type="checkbox"/>	54	4.1	N/C	<i>Replacement of hot holding unit for stock storage still pending. A commercial NSF approved unit is required.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<i>Operation is for safe. Be advised a change of ownership will be required for new operators.</i>	<input type="checkbox"/>	<input type="checkbox"/>				<i>Operation will be required to meet current Ohio Uniform Food Safety Code requirements.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant and cloth glove use																																																		

Person in Charge <i>Jerry A. Dougherty</i>	Date <i>1-8-2020</i>
Sanitarian <i>John A. Helber, AS</i>	Licenser: <i>Knox Gentry HJ</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL