

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

Name of facility <i>Colonial City Moose Lodge #2550</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>28</i>	Date <i>2/13/2020</i>
Address <i>417 West High Street</i>	City/State/Zip Code <i>Mount Vernon OH 43050</i>		
License holder <i>Officers of Moose Lodge</i>	Inspection Time <i>40</i>	Travel Time <i>15</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

Supervision

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

3 IN OUT N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting

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

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

8 IN OUT N/O Hands clean and properly washed

9 IN OUT N/A 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

11 IN OUT Food obtained from approved source

12 IN OUT N/A Food received at proper temperature

13 IN OUT Food in good condition, safe, and unadulterated

14 IN OUT N/A Required records available: shellstock tags, parasite destruction

Protection from Contamination

15 IN OUT N/A Food separated and protected

16 IN OUT N/A 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)

18 IN OUT N/A Proper cooking time and temperatures

19 IN OUT N/A Proper reheating procedures for hot holding

20 IN OUT N/A Proper cooling time and temperatures

21 IN OUT N/A Proper hot holding temperatures

22 IN OUT N/A Proper cold holding temperatures

Compliance Status

Time/Temperature Controlled for Safety Food (TCS food)

23 IN OUT N/A Proper date marking and disposition

24 IN OUT N/A Time as a public health control: procedures & records

Consumer Advisory

25 IN OUT N/A Consumer advisory provided for raw or undercooked foods

Highly Susceptible Populations

26 IN OUT N/A Pasteurized foods used; prohibited foods not offered

Chemical

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

29 IN OUT N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan

30 IN OUT N/A Special Requirements: Fresh Juice Production

31 IN OUT N/A Special Requirements: Heat Treatment Dispensing Freezers

32 IN OUT N/A Special Requirements: Custom Processing

33 IN OUT N/A Special Requirements: Bulk Water Machine Criteria

34 IN OUT N/A 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

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>Colonial City Moose Lodge #2555</i>	Type of Inspection <i>Standard</i>	Date <i>2/13/2020</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	<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 <input type="checkbox"/> N/A	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Water and ice from approved source		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	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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved thawing methods used		Plumbing installed; proper backflow devices	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Garbage/refuse properly disposed; facilities maintained	
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	901 3-4 OAC	
Washing fruits and vegetables		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	In-use utensils: properly stored	
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex 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>Date marking in place. Chemical test kits present. Timing labels present for high temperature dishwasher.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>45</i>	<i>6.4</i>	<i>C</i>	<i>Hanna Pest control has been on-site for pest control. Pest control practices are in place for rodent elimination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>62</i>	<i>6.4</i>	<i>N/C</i>	<i>Areas of kitchen displaying grease build-up. Grease accumulation on wall by refrigerator in small kitchen and underneath steam table. Properly clean all areas displaying grease accumulation.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Harold C. Bond Jr.</i>	Date: <i>2-13-20</i>
Sanitarian <i>Lynn L. Heller, R</i>	Licensors: <i>Knox Co. HD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

Page 2 of 2