

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

Name of facility <i>Ruby Tuesday</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>193</i>	Date <i>2/27/2020</i>
Address <i>1055 Co-shuctor Road</i>	City/State/Zip Code <i>Mount Vernon OH 43050</i>		
License holder <i>Ruby Tuesday</i>	Inspection Time <i>90</i>	Travel Time <i>10</i>	Category/Descriptive <i>C45</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 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 *dates*

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 N/O Food received at proper temperature

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

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

Protection from Contamination

15 IN OUT N/A N/O Food separated and protected

16 IN OUT N/A N/O 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 N/O Proper cooking time and temperatures

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

20 IN OUT N/A N/O Proper cooling time and temperatures

21 IN OUT N/A N/O 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 N/O Proper date marking and disposition

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

Chemical

27 IN OUT N/A N/A Food additives: approved and properly used

28 IN OUT N/A N/A Toxic substances properly identified, stored, used

Conformance with Approved Procedures

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

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

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

32 IN OUT N/A N/O Special Requirements: Custom Processing

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

34 IN OUT N/A N/O Special Requirements: Acidified White Rice Preparation Criteria

35 IN OUT N/A Critical Control Point Inspection

36 IN OUT N/A N/A Process Review

37 IN OUT N/A 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


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Name of Facility <i>Ruby Tuesday</i>	Type of Inspection <i>Standard</i>	Date <i>2/27/2020</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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	62 <input 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	
Prevention of Food Contamination		63 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	64 <input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901 3-4 OAC	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC	
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		
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables		
Proper Use of Utensils				
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored		
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled		
52	<input 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>3</i>	<i>21</i>	<i>C</i>	<i>Unable to verify dates when employees reviewed the employee health reporting information. Provide required dates.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>54/64</i>	<i>4.4</i>	<i>N/C</i>	<i>Hot holding potato unit does not meet food standards due to separation of stainless steel allowing food debris accumulation. Unit also is not secure to the table. Replace with an approved unit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>56</i>	<i>4.5</i>	<i>N/C</i>	<i>Surfaces of touchscreens and</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person In Charge <i>[Signature]</i>	Date: <i>2-27-20</i>
Sanitarian <i>[Signature]</i>	Licensors: <i>[Signature]</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Ruby Tuesday</i>	Type of Inspection <i>Standard / CCP</i>	Date <i>2/27/2020</i>
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Observations and Corrective Actions (continued)

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
			Supports displaying grease / food debris buildup, properly clean and maintain.	<input type="checkbox"/>	<input type="checkbox"/>
<i>102</i>	<i>6.4</i>	<i>N/C</i>	Floor grouting and floor repair still pending. PIC indicates a work order order has been placed with Corporate (work) Abuse on status.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>102</i>	<i>6.4</i>	<i>N/C</i>	Floor drain cover not secure in dishroom. provide a cover that can be properly secured and stay in place.	<input type="checkbox"/>	<input type="checkbox"/>
<i>102</i>	<i>6.4</i>	<i>N/C</i>	Accumulation of food debris in walk-in located in corner next to freezer door, properly clean and maintain.	<input type="checkbox"/>	<input type="checkbox"/>
<i>103</i>	<i>6.1</i>	<i>N/C</i>	Light bulbs still missing light shields and end caps throughout kitchen. provide required protection to contain glass if bulbs break.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Correct: critical immediately - remaining violations before next routine inspection.	<input type="checkbox"/>	<input type="checkbox"/>
			(Item 35) Critical Control Point Inspection -	<input type="checkbox"/>	<input type="checkbox"/>
		<i>(P)</i>	<i>VI - All TCS foods being maintained at 41°F or lower.</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>(P)</i>	<i>VII - High temperature dishwasher reaching correct temperatures to properly sanitize.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>John White</i>	Date: <i>2-27-2020</i>
Sanitarian: <i>Laura Hillier, RS</i>	Licensor: <i>LNOX Co. HD</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL