

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

Name of facility <i>Rural King #1114</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>505</i>	Date <i>9/16/19</i>
Address <i>1500 Coshocton Avenue</i>	City/Zip Code <i>144 Vernon / 43050</i>		
License holder <i>Rural King</i>	Inspection Time	Travel Time	Category/Descriptive <i>CIS</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 employee; 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  N/O 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 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  N/O Special Requirements: Fresh Juica 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 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>Rural King #114</i>	Type of Inspection <i>Standard</i>	Date <i>9/16/19</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		56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Nonfood-contact surfaces clean	
Proper cooling methods used; adequate equipment for temperature control		Physical Facilities	
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 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean	
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	901 3-4 OAC	
Washing fruits and vegetables		66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<i>R app of cly du + h</i>	
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
8		C	Observed employees come out of restroom stall and leave restroom without handwashing - Ensure employees properly handwash after using restroom	<input type="checkbox"/>	<input type="checkbox"/>
10		C	Provide soap / paper towels at handsink by 3 comp. sink - correct immediately	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45			Observed mouse droppings in dog food area and soda storage - Clean / Sanitize area Eliminate pests immediately Due to pest violations Provide documentation from a licensed Pest Control Operator	<input type="checkbox"/>	<input type="checkbox"/>
61			Provide lids for dumpster and keep closed	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <i>9/16/19</i>
Sanitarian <i>[Signature]</i>	Licensor: <i>Knox</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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