

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

|   |   |                               |  |
|---|---|-------------------------------|--|
| Name of facility<br><b>Shelli's Shack</b>   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><b>1074</b> | Date<br><b>2/20/19</b>                 |
| Address<br><b>25951 New Guilford Rd</b>   | City/Zip Code<br><b>Bladensburg 43005</b>   |                               |  |
| License holder<br><b>Shelli Lyons</b>   | Inspection Time<br><b>30</b>  | Travel Time                   | Category/Descriptive<br><b>C35</b>     |
| Type of inspection (check all that apply)<br><input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" type="checkbox"/> Follow up<br><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  |  |
|--|---|--|--|
| <b>Supervision</b>   |   | <b>Time/Temperature Controlled for Safety Food (TCS food)</b>  |  |
| 1  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 23   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Certified Food Protection Manager  |   | Time as a public health control: procedures & records  |  |
| <b>Employee Health</b>   |   | <b>Consumer Advisory</b>   |  |
| 3  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | <b>Highly Susceptible Populations</b>  |  |
| Proper use of restriction and exclusion  |   | 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 5  | <input 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                                     |   | <b>Chemical</b>  |  |
| <b>Good Hygienic Practices</b>   |   | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 6  | <input 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<br><input type="checkbox"/> N/A                              |
| 7  | <input 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  |   | <b>Conformance with Approved Procedures</b>  |  |
| <b>Preventing Contamination by Hands</b>   |   | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 8  | <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 9  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| 10   | <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| <b>Approved Source</b>   |   | Special Requirements: Custom Processing  |  |
| 11   | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Food obtained from approved source   |   | Special Requirements: Bulk Water Machine Criteria  |  |
| 12   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            |
| Food received at proper temperature  |   | Special Requirements: Acidified White Rice Preparation Criteria  |  |
| 13   | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| Food in good condition, safe, and unadulterated  |   | Critical Control Point Inspection  |  |
| 14   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| Required records available: shellstock tags, parasite destruction                              |   | Process Review   |  |
| <b>Protection from Contamination</b>   |   | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 15   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance   |  |
| Food separated and protected   |   | <p><b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p> |  |
| 16   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Food-contact surfaces: cleaned and sanitized   |   |  |  |
| 17   | <input type="checkbox"/> IN <input type="checkbox"/> OUT  |  |  |
| Proper disposition of returned, previously served, reconditioned, and unsafe food              |   |  |  |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b>                                  |   |  |  |
| 18   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper cooking time and temperatures   |   |  |  |
| 19   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper reheating procedures for hot holding  |   |  |  |
| 20   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper cooling time and temperatures   |   |  |  |
| 21   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper hot holding temperatures  |   |  |  |
| 22   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |  |  |
| Proper cold holding temperatures   |   |  |  |

