

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

Name of facility <i>Spearman's Restaurant</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>7</i>	Date <i>12/5/19</i>
Address <i>26155 Custerton Rd.</i>	City/Zip Code <i>Howard 43028</i>		
License holder <i>Priscilla Hines/Felisha Goldsmith</i>	Inspection Time <i>30</i>	Travel Time <i>15</i>	Category/Descriptive <i>C35</i>
Type of inspection (check all that apply) <input checked="" 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 <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) <i>Collected 12/3/19</i>

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	Person in charge present, demonstrates knowledge, and performs duties	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control: procedures & records
Employee Health		Consumer Advisory	
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, food employees and conditional employee; knowledge, responsibilities and reporting	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion	Highly Susceptible Populations	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrhea events	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, used
Preventing Contamination by Hands		Conformance with Approved Procedures	
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Heat Treatment Dispensing Freezers
Approved Source		32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Bulk Water Machine Criteria
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Acidified White Rice Preparation Criteria
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Critical Control Point Inspection
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Process Review
Protection from Contamination		37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	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 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time and temperatures		
19 <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperatures		
21 <input 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		

State of Ohio Food Inspection Report

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Name of Facility <i>Spearman's Restaurant</i>	Type of Inspection <i>Follow up</i>	Date <i>1/1</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 type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT	55	<input 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			
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
Physical Facilities			
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input 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 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 type="checkbox"/> N/A	59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Thermometers provided and accurate		Sewage and waste water properly disposed	
Food Identification			
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food properly labeled; original container		Toilet facilities, properly constructed supp ed cleaned	
Prevention of Food Contamination			
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Insects, rodents, and animals not present/outer openings protected		Garbage/refuse properly disposed; facilities maintained	
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Physical facilities installed, maintained, and clean	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input type="checkbox"/> OUT
Personal cleanliness		Adequate ventilation and lighting, designated areas used	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Wiping cloths: properly used and stored		Existing Equipment and Facilities	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Washing fruits and vegetables		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
In-use utensils: properly stored		901 3-4 OAC	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC	
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input 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
1			Re-inspection finds the following person in charge present Ensure during all hours of operation. (PK)	<input type="checkbox"/>	<input type="checkbox"/>
3			Employee health policy verification posted on board. PIC knew location. Ensure updated health policy is reviewed. Available on website or request by email.	<input type="checkbox"/>	<input type="checkbox"/>
22			Cold holding in prep unit acceptable: Diced ham 30°F. Diced tomatoes 35°F.	<input type="checkbox"/>	<input type="checkbox"/>
23			Date marking present, product observed in date with date marking requirements.	<input type="checkbox"/>	<input type="checkbox"/>
45			Observed 50-100ppm Chlorine residual in wiping cloth bucket.	<input type="checkbox"/>	<input type="checkbox"/>
			- Correct remaining violations prior to next standard inspection. Contact health dept regarding procedures for unapproved storage area.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Michelle Jettly</i>	Date: <i>12/15/19</i>
Sanitarian <i>[Signature]</i>	Licensor: <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>Spearmans Restaurant</i>	Type of Inspection <i>Follow up</i>	Date <i>12/15/19</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
5			Clean up kit w/ procedures present	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			Note: Freezer has been emptied in unapproved storage area and paper goods also. Items from area are located within the licensed restaurant. Contact Health Dept with any questions.	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			Provided handout for updates to Ohio Uniform Food Safety Code.	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Mitchell Stiff</i>	Date: <i>12/15/19</i>
Sanitarian:	Licenser: