

State of Ohio  
**Standard Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Submakers North Inc. # 20757</i>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>6</i>	Date <i>1/5/18</i>
Address <i>1579 Coshocton Rd., Mt. Vernon</i>			Category/Descriptive <i>C35</i>	
License holder <i>Chad Taylor</i>		Inspection time (min) <i>75</i>	Travel time (min) <i>15</i>	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>			Follow-up date (if required)	Sample date/result (if required)

**3717-1 OAC Violation Checked**

**Management and Personnel**

<input type="checkbox"/> 2.1 Employee health
<input type="checkbox"/> 2.2 Personal cleanliness
<input type="checkbox"/> 2.3 Hygienic practices
<input type="checkbox"/> 2.4 Supervision

<input checked="" type="checkbox"/> 4.4 Maintenance and operation
<input type="checkbox"/> 4.5 Cleaning of equipment and utensils
<input type="checkbox"/> 4.6 Sanitizing of equipment and utensils
<input type="checkbox"/> 4.7 Laundering
<input type="checkbox"/> 4.8 Protection of clean items

**Poisonous or Toxic Materials**

<input type="checkbox"/> 7.0 Labeling and identification
<input type="checkbox"/> 7.1 Operational supplies and applications
<input type="checkbox"/> 7.2 Storage and display separation

**Food**

<input type="checkbox"/> 3.0 Safe, unadulterated and honestly presented
<input type="checkbox"/> 3.1 Sources, specifications and original containers
<input type="checkbox"/> 3.2 Protection from contamination after receiving
<input type="checkbox"/> 3.3 Destruction of organisms
<input type="checkbox"/> 3.4 Limitation of growth of organisms
<input type="checkbox"/> 3.5 Identity, presentation, on premises labeling
<input type="checkbox"/> 3.6 Discarding or reconditioning unsafe, adulterated
<input type="checkbox"/> 3.7 Special requirements for highly susceptible populations

**Water, Plumbing, and Waste**

<input type="checkbox"/> 5.0 Water
<input checked="" type="checkbox"/> 5.1 Plumbing system
<input type="checkbox"/> 5.2 Mobile water tanks
<input type="checkbox"/> 5.3 Sewage, other liquid waste and rainwater
<input type="checkbox"/> 5.4 Refuse, recyclables, and returnables

**Special Requirements**

<input type="checkbox"/> 8.0 Fresh juice production
<input type="checkbox"/> 8.1 Heat treatment dispensing freezers
<input type="checkbox"/> 8.2 Custom processing
<input type="checkbox"/> 8.3 Bulk water machine criteria
<input type="checkbox"/> 8.4 Acidified white rice preparation criteria
<input type="checkbox"/> 9.0 Facility layout and equipment specifications
<input type="checkbox"/> 20 Existing facilities and equipment

**Equipment, Utensils, and Linens**

<input type="checkbox"/> 4.0 Materials for construction and repair
<input type="checkbox"/> 4.1 Design and construction
<input type="checkbox"/> 4.2 Numbers and capacities
<input type="checkbox"/> 4.3 Location and installation

**Physical Facilities**

<input type="checkbox"/> 6.0 Materials for construction and repair
<input type="checkbox"/> 6.1 Design, construction, and installation
<input type="checkbox"/> 6.2 Numbers and capacities
<input type="checkbox"/> 6.3 Location and placement
<input checked="" type="checkbox"/> 6.4 Maintenance and operation

**Administrative**

<input type="checkbox"/> 901-3-4 OAC
<input type="checkbox"/> 3701-21 OAC

**Violation(s)/Comment(s)** *Person-in-charge (PIC) present / Provide OOH Fire Safety Certificate for review.*

*- Hand sinks functional and stickered note: Repair/replace paper towel dispenser at hand sink vs prep sink (currently paper towels sitting on prep table)*

*- Hot and cold holding acceptable at 41°F or below / 135°F or above at time of inspection.*

*✓ 5.1) observed a leak at a joint at 3-compartment sink drain. Eliminate leak, repair drain lip.*

*✓ 6.4) Observed base cover coming off at 3-compartment sink allowing for debris build up. Eliminate black tape, properly attach base cover along wall at 3-compartment sink and stainless steel prep table to eliminate buildup and maintain clean and sanitary.*

Inspected by <i>[Signature]</i>	C.B.S./SIT # <i>3458</i>	Licenser <i>Knox Co HD</i>
Received by <i>[Signature]</i>	Title	Phone

State of Ohio  
**Continuation Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Submakers North Inc. # 20757</i>	Type of visit <i>Standard</i>	Date <i>1/5/2018</i>
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**Violation(s)/Comment(s)**

✓ 4.4) Observed case for thermocouple thermometer is cracked and deteriorated. Eliminate damaged case, provide a smooth, easily cleanable surface.

repeat ✓ 4.4) Observed gnats present at 3-compartment sink area. Ensure drains are properly cleaned and repair base cover to eliminate possible harborage.

Continue to make floor care a priority to eliminate buildup of dirt/debris.

Acceptable temperatures

Lettuce 37F, Sliced tomato 39F, tuna salad 37F, Steak 37F (prep)  
Sliced tomatoes 39F walk-in  
Meatballs 150F, chicken noodle soup 154F

- observed proper thawing in walk-in

\* 4.4) Observed blue strainer is cracked and broken and therefore can not be properly cleaned/sanitized. Replace with approved strainer. Correct immediately.  
Correct critical (\*) immediately and other violations prior to next standard inspection

Inspected by <i>Talley</i>	R.S./SIT # <i>3458</i>	Licensor <i>KCHD</i>
Received by <i>Lawson</i>	Title	Phone