

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

Name of facility <b>Taco Bell # 4018</b>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <b>478</b>	Date <b>1/29/19</b>
Address <b>1015 Casherton Rd.</b>	City/Zip Code <b>Mt. Vernon 43050</b>		
License holder <b>Cantina Hospitality, LLC</b>	Inspection Time <b>90</b>	Travel Time	Category/Descriptive <b>C45</b>
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		Compliance Status	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager <b>Ensure DDH</b>		Time as a public health control: procedures & records	
<b>Employee Health</b> ( <i>Certificate Present</i> )		<b>Consumer Advisory</b>	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Management, food employees and conditional employee; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" 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 <input checked="" type="checkbox"/> N/A
5	<input checked="" 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 <input checked="" type="checkbox"/> N/A
6	<input checked="" 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 <input type="checkbox"/> N/A
7	<input checked="" 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 <input checked="" type="checkbox"/> N/A
8	<input checked="" 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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input checked="" 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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Approved Source</b>		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 <input checked="" type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" 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 checked="" 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 <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooking time and temperatures			
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures <i>refried beans 174F, Sausage 155F</i>			
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures <i>Diced tomatoes 35F guacamole 35F</i>			

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Taco Bell # 4618</i>	Type of Inspection <i>Standard/CCR</i>	Date <i>1/29/19</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 checked="" 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		Physical Facilities																																							
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT																																						
Proper cooling methods used; adequate equipment for temperature control <i>Reviewed</i>		Nonfood-contact surfaces clean																																							
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <th colspan="2">Administrative</th> </tr> <tr> <td style="width: 5%;">65</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A</td> </tr> <tr> <td colspan="2">901:3-4 OAC</td> </tr> <tr> <td>66</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> </tr> <tr> <td colspan="2">3701-21 OAC</td> </tr> </table>		Administrative		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC																													
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Plant food properly cooked for hot holding																																									
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Existing Equipment and Facilities																																							
Approved thawing methods used <i>Refrigeration</i>		<p style="font-size: small;">Previous violations corrected.</p>																																							
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <th colspan="2">Observations and Corrective Actions</th> </tr> <tr> <td style="width: 5%;">56</td> <td style="width: 15%;">4.5</td> <td style="width: 10%;">NC</td> <td style="width: 60%;">Observed debris buildup on shelving in kitchen area at drive thru and wire rack shelving in kitchen. Clean and maintain free of buildup.</td> <td style="width: 5%;">COS</td> <td style="width: 5%;">R</td> </tr> <tr> <td>62</td> <td>6.4</td> <td>NC</td> <td>Observed debris build up at floor/wall junction especially at soda fountain at drive thru and soda supply storage area.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>62</td> <td>6.4</td> <td>NC</td> <td>Observed grout is missing/low around back hand sink. Standing water present. Repair grout to eliminate standing water.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3"></td> <td>CCP Positive Comments</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3"></td> <td>III Employees observed wearing disposable gloves with ready to eat foods</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3"></td> <td>IV Manager demonstrated adequate knowledge in food safety.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Observations and Corrective Actions		56	4.5	NC	Observed debris buildup on shelving in kitchen area at drive thru and wire rack shelving in kitchen. Clean and maintain free of buildup.	COS	R	62	6.4	NC	Observed debris build up at floor/wall junction especially at soda fountain at drive thru and soda supply storage area.	<input type="checkbox"/>	<input type="checkbox"/>	62	6.4	NC	Observed grout is missing/low around back hand sink. Standing water present. Repair grout to eliminate standing water.	<input type="checkbox"/>	<input type="checkbox"/>				CCP Positive Comments	<input type="checkbox"/>	<input type="checkbox"/>				III Employees observed wearing disposable gloves with ready to eat foods	<input type="checkbox"/>	<input type="checkbox"/>				IV Manager demonstrated adequate knowledge in food safety.	<input type="checkbox"/>	<input type="checkbox"/>
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			IV Manager demonstrated adequate knowledge in food safety.	<input type="checkbox"/>	<input type="checkbox"/>																																				
Food Identification		Administrative																																							
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	901:3-4 OAC																																							
Food properly labeled; original container		3701-21 OAC																																							
Prevention of Food Contamination		Physical Facilities																																							
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A																																						
Insects, rodents, and animals not present/outer openings protected		Hot and cold water available; adequate pressure																																							
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A																																						
Contamination prevented during food preparation, storage & display		Plumbing installed; proper backflow devices																																							
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A																																						
Personal cleanliness		Sewage and waste water properly disposed																																							
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A																																						
Wiping cloths: properly used and stored		Toilet facilities: properly constructed, supplied, cleaned																																							
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A																																						
Washing fruits and vegetables		Garbage/refuse properly disposed; facilities maintained																																							
Proper Use of Utensils		Physical Facilities																																							
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT																																						
In-use utensils: properly stored		Physical facilities installed, maintained, and clean																																							
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT																																						
Utensils, equipment and linens: properly stored, dried, handled		Adequate ventilation and lighting; designated areas used																																							
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <th colspan="2">Administrative</th> </tr> <tr> <td style="width: 5%;">65</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A</td> </tr> <tr> <td colspan="2">901:3-4 OAC</td> </tr> <tr> <td>66</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> </tr> <tr> <td colspan="2">3701-21 OAC</td> </tr> </table>		Administrative		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC																													
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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	Existing Equipment and Facilities																																							
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
56	4.5	NC	Observed debris buildup on shelving in kitchen area at drive thru and wire rack shelving in kitchen. Clean and maintain free of buildup.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4	NC	Observed debris build up at floor/wall junction especially at soda fountain at drive thru and soda supply storage area.	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4	NC	Observed grout is missing/low around back hand sink. Standing water present. Repair grout to eliminate standing water.	<input type="checkbox"/>	<input type="checkbox"/>
			CCP Positive Comments	<input type="checkbox"/>	<input type="checkbox"/>
			III Employees observed wearing disposable gloves with ready to eat foods	<input type="checkbox"/>	<input type="checkbox"/>
			IV Manager demonstrated adequate knowledge in food safety.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Sydney Black</i>	Date:
Sanitarian <i>Tally [Signature]</i>	Licenser: <i>Knox Co HD</i>

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

Name of Facility <i>Taco Bell # 4018</i>	Type of Inspection <i>Standard/CCP</i>	Date <i>1/29/19</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
		<u>VI</u>	<i>Hot and cold holding acceptable at 135°F or above / 41°F or below at time of inspection.</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>VI</u>	<i>Stake marking procedure in place.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Note: Manager reports new racks on order for freezers facing back of store.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Note: New racks on order for walk-in cooler.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>- Reviewed carryover procedure.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Correct violations prior to next standard inspection.</i>	<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>Smitty Black</i>	Date:
Sanitarian: <i>[Signature]</i>	Licensors: <i>Knex (a Hn)</i>