

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

|  |   |                                       |   |
|--|---|---------------------------------------|---|
| Name of facility<br><i>The Village Inn</i>   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><i>31</i>           | Date<br><i>2/27/2020</i>                        |
| Address<br><i>107 Gaskin Avenue</i>  | City/State/Zip Code<br><i>Gambier OH 43022</i>                                    |                                       |   |
| License holder<br><i>Joel Gunderson</i>  | Inspection Time<br><i>90</i>  | Travel Time<br><i>10</i>              | Category/Descriptive<br><i>C45</i>              |
| Type of Inspection (check all that apply)<br><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<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)<br>_____ | Water sample date/result (if required)<br>_____ |

**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<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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 24   | <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 25   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| Management, food employees and conditional employees, 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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<br><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<br><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<br><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<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9   | <input checked="" 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 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<br><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<br><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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<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 checked="" type="checkbox"/> N/A                              |
| Required records available: shellstock tags, parasite destruction                               |  | Process Review   |  |
| <b>Protection from Contamination</b>  |  | 37   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| 15  | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  |  |  |
| Proper disposition of returned, previously served, reconditioned, and unsafe food               |  |  |  |
| Proper hot holding temperatures <i>160°F</i><br><i>soil 170°F</i>                               |  |  |  |
| <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper reheating procedures for hot holding<br><i>Reviewed</i>   |  |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cold holding temperatures   |  |
| 22  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Proper hot holding temperatures  |  |

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |   |                          |
|--|---|--------------------------|
| Name of Facility<br><i>The Village Inn</i> | Type of Inspection<br><i>Standard/CCP</i> | Date<br><i>2/27/2020</i> |
|--|---|--------------------------|

## 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 <input type="checkbox"/> N/A                              | 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  |   | Physical Facilities   |   |
| 40  | <input 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            | 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 checked="" 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 <input type="checkbox"/> N/O            |
| Approved thawing methods used   |   | Plumbing installed; proper backflow devices   |   |
| 43  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 type="checkbox"/> OUT <input type="checkbox"/> N/A   |
| Prevention of Food Contamination  |   | Garbage/refuse properly disposed; facilities maintained                               |   |
| 45  | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | 62  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Insects, rodents, and animals not present/outer openings protected                      |   | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |   |
| 46  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 63  | <input type="checkbox"/> IN <input type="checkbox"/> OUT  |
| Contamination prevented during food preparation, storage & display                      |   | Adequate ventilation and lighting; designated areas used                              |   |
| 47  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | 64  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   |
| Personal cleanliness  |   | Existing Equipment and Facilities   |   |
| 48  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Administrative  |   |
| Wiping cloths: properly used and stored   |   | 65  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| 49  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | 901:3-4 OAC   |   |
| Washing fruits and vegetables   |   | 66  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Proper Use of Utensils  |   | 3701-21 OAC   |   |
| 50  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | In-use utensils: properly stored  |   |
| 51  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Utensils, equipment and linens: properly stored, dried, handled                       |   |
| 52  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Single-use/single-service articles: properly stored, used                             |   |
| 53  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Slash-resistant, cloth, and latex 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                        |
|----------|--------------|----------------|---|--------------------------|--------------------------|
|          |              |                | Previous violations corrected except grinding floor issue in basement. License holder reports a plan for correction has been proposed by building owner which includes clean repair stairs and provide new treads. so unit floor to be cleaned then sealed, painted. Provide a written proposal to the health dept. Summer 2020 | <input type="checkbox"/> | <input type="checkbox"/> |
| 56       | 4.5          | NC             | Observed food debris buildup on non-food contact surfaces like areas to the side of prep cooler lids. Clean and maintain. Also inside microwave above freezer for hits (ustair  | <input type="checkbox"/> | <input type="checkbox"/> |
| 62       | 1.4          | NC             | Observed buildup on floors especially under cork line. Clean and maintain.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 63       |              |                | Replace broken light shield in the area close to compactors at sink.  | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                         |                                |
|--|-------------------------|--------------------------------|
| Person in Charge<br><i>[Signature]</i> | Date:<br><i>2/27/20</i> | Licensor:<br><i>Knox Co HD</i> |
| Sanitarian<br><i>[Signature]</i>       |                         |                                |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

# State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |  |                    |
|--|--|--------------------|
| Name of Facility<br><i>The Village Inn</i> | Type of Inspection<br><i>Standard/CC</i> | Date<br><i>1/1</i> |
|--|--|--------------------|

## 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                        |
|----------|-----------------|----------------|--|--------------------------|--------------------------|
|          |                 |                | <i>Not: At time of inspection a door low bay refrigerator was not in operation, awaiting repair. Ice at SW still present of ice bin in waitress station.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |                 |                | <i>CCP Comments</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |                 |                | <i>vi) Date marking procedure observed. Ensure consistent practice by all employees with date and day dot. Carry over to date to prep units.</i>             | <input type="checkbox"/> | <input type="checkbox"/> |
|          | <i>Rest</i>     |                | <i>vi) 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"/> |
|          | <i>Positive</i> |                | <i>vii) Dish machine procedure required from chlorine residual, hot wiping cloth bucket required quat ammonia concentration.</i>                             | <input type="checkbox"/> | <input type="checkbox"/> |
|          |                 |                | <i>viii) Consumer advisory present on menu. When new menus printed ensure menu items are denoted by a symbol.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |                 |                | <i>Correct violations prior to next standard inspection. Provide written plans for basement floor.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |

|                   |                      |
|-------------------|----------------------|
| Person in Charge: | Date: <i>2/27/20</i> |
| Sanitarian:       | Licensor: <i>KHD</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL