

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

Name of facility <i>The Village Market</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>1079</i>	Date <i>2/25/2020</i>
Address <i>111 Chase Ave</i>	City/State/Zip Code <i>Gambier OH 43022</i>		
License holder <i>Miniato Holding Co Ltd DBA The Village Market</i>	Inspection Time <i>90</i>	Travel Time <i>10</i>	Category/Descriptive <i>C45</i>
Type of Inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input checked="" 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

Supervision

- 1 IN OUT N/A Person in charge present, demonstrates knowledge, and performs duties
- 2 IN OUT N/A Certified Food Protection Manager

Employee Health

- 3 IN OUT N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting
- 4 IN OUT N/A Proper use of restriction and exclusion
- 5 IN OUT N/A Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

- 6 IN OUT N/O Proper eating, tasting, drinking, or tobacco use
- 7 IN OUT N/O No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

- 8 IN OUT N/O Hands clean and properly washed
- 9 IN OUT N/A No bare hand contact with ready-to-eat foods or approved alternate method properly followed

- 10 IN OUT N/A Adequate handwashing facilities supplied & accessible

Approved Source

- 11 IN OUT Food obtained from approved source
- 12 IN OUT N/A Food received at proper temperature
- 13 IN OUT Food in good condition, safe, and unadulterated
- 14 IN OUT N/A Required records available: shellstock tags, parasite destruction

Protection from Contamination

- 15 IN OUT N/A Food separated and protected
- 16 IN OUT N/A Food-contact surfaces: cleaned and sanitized
- 17 IN OUT Proper disposition of returned, previously served, reconditioned, and unsafe food

Time/Temperature Controlled for Safety Food (TCS food)

- 18 IN OUT N/A Proper cooking time and temperatures
- 19 IN OUT N/A Proper reheating procedures for hot holding
- 20 IN OUT N/A Proper cooling time and temperatures
- 21 IN OUT N/A Proper hot holding temperatures
*Chicken dumpling 167F
Hot dogs 146F, Beef noodle 154F*
- 22 IN OUT N/A Proper cold holding temperatures
*Chicken salad 34F
Ice cream 37F
Cheese 41F
(Retail) open*

Compliance Status

Time/Temperature Controlled for Safety Food (TCS food)

- 23 IN OUT N/A Proper date marking and disposition
- 24 IN OUT N/A Time as a public health control: procedures & records

Consumer Advisory

- 25 IN OUT N/A Consumer advisory provided for raw or undercooked foods

Highly Susceptible Populations

- 26 IN OUT N/A Pasteurized foods used; prohibited foods not offered

Chemical

- 27 IN OUT N/A Food additives: approved and properly used
- 28 IN OUT N/A Toxic substances properly identified, stored, used

Conformance with Approved Procedures

- 29 IN OUT N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
- 30 IN OUT N/A Special Requirements: Fresh Juice Production
- 31 IN OUT N/A Special Requirements: Heat Treatment Dispensing Freezers
- 32 IN OUT N/A Special Requirements: Custom Processing
- 33 IN OUT N/A Special Requirements: Bulk Water Machine Criteria
- 34 IN OUT N/A Special Requirements: Acidified White Rice Preparation Criteria
- 35 IN OUT N/A Critical Control Point Inspection
- 36 IN OUT N/A Process Review
- 37 IN OUT N/A Variance

Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

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Name of Facility <i>The Village Market</i>	Type of Inspection <i>Standard / R</i>	Date <i>2/25/20</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	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 <input type="checkbox"/> N/O	Water and ice from approved source	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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	Proper cooling methods used; adequate equipment for temperature control <i>Reviewed</i>	56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Nonfood-contact surfaces clean
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Thermometers provided and accurate	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food properly labeled; original container	60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities properly constructed, supplied, cleaned
Prevention of Food Contamination		Physical Facilities	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Insects, rodents, and animals not present; outer openings protected	61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage/refuse properly disposed; facilities maintained
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Contamination prevented during food preparation, storage & display	62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs outdoors in designated areas
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Personal cleanliness	63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Wiping cloths: properly used and stored	64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Existing Equipment and Facilities
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils		Administrative	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	65 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 901.3-4 OAC
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Utensils, equipment and linens: properly stored, dried, handled	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O 3701-21 OAC
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	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
3			Employee health policy verification not available for review at time of inspection	<input type="checkbox"/>	<input type="checkbox"/>
10	6.2 E	NC	Required handwashing signage that notifies food employees to wash their hands not present at time of inspection. Signage shall be clearly visible to food employees.	<input type="checkbox"/>	<input type="checkbox"/>
44			Cottage food items observed with incomplete ingredients. Provide properly labeled product for retail sale.	<input type="checkbox"/>	<input type="checkbox"/>
53	3.2 N	NC	Observed latex gloves in use with food handling. Non-latex gloves are required for food handling.	<input type="checkbox"/>	<input type="checkbox"/>
54	4.1	NC	Observed non-sealed cooler holding food in storage area. Properly seal to make smooth, easily cleanable and non-absorbent.	<input type="checkbox"/>	<input type="checkbox"/>

Person In Charge	Date:
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Sanitarian <i>[Signature]</i>	Licensor: <i>[Signature]</i>
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PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL Page 2 of 3

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>The Village Market</i>	Type of Inspection <i>Standard/RR</i>	Date <i>1/1/2020</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
47	2.3c	NC	Observed male food employee without proper hair restraint making sandwiches. Hair must be covered by a ball cap or hair net.	<input type="checkbox"/>	<input type="checkbox"/>
			Process Review	<input type="checkbox"/>	<input type="checkbox"/>
			- All soups were made fresh today. Ensure proper cooling of 135°F - 70°F within 2 hours and 70 - 40°F or below in 4 more hours.	<input type="checkbox"/>	<input type="checkbox"/>
			Note: Once deli meat is opened the entire package is subject to 7 day date marking and must be used, sold or discarded within 7 total days of opening	<input type="checkbox"/>	<input type="checkbox"/>
			Correct violations prior to next Standard inspection.	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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Person in Charge:	Date:
Sanitarian: 	Licensor: 