

## **State of Ohio**





## Standard Inspection Report

Name of facility	illy. Chapters 3717 an	Check one	1000	I Data
· ·		1	License number	Date
Russell-Cooper (orp  Address  115 East Gambier St., Mt. Vernon  License holder  Inspection time (min)			2/23/17	
Address			Category/Descriptive	
115 East Gambier St	Mt. Vernon		C35	
License holder	, .	Inspection time (min)	Travel time (min)	Other
Thomas DVOTAK		45	10	
Type of visit (check)		Follow-up date (if required)	Sample date/result (f required)	
	oorne	,		
	and the control opening		.1	
3717-1 OAC Violation Checked			Dairenne en Tenie M	-45-1-
Management and Personnel	4.4 Maintenance and operation		Poisonous or Toxic Materials    7.0   Labeling and identification	
2.1 Employee health 2.2 Personal cleanliness	4.5 Cleaning of equipment and utensils			ppties and applications
2.3 Hygienic practices	4.6 Sanitizing of equipment and utensits		_	splay separation
2.4 Supervision	4.7 Laundering			
Food	4.8 Protection of clean items		Special Requirements	
3.0 Safe, unadulterated and honestly presented	Water Plumbing and Waste			
3.1 Sources, specifications and original containers	Water, Plumbing, and Waste			
3.2 Protection from contamination after receiving	5.1 Plumbing system		8.2 Custom processing 8.3 Bulk water machine criteria	
3.3 Destruction of organisms	5.1 Mobile water tanks			rice preparation criteria
3.4 Limitation of growth of organisms	5.3 Sewage, other liquid waste and rainwater		9.0 Facility layout and equipment specifications	
3.5 Identity, presentation, on premises labeling	5.4 Refuse, recyclables, and returnables		20 Existing facilities and equipment	
3.6 Discarding or reconditioning unsafe, adulterated	Physical Facilities			
3.7   Special requirements for highly susceptible populations	6.0 Materials for construction	no and consid	Administrative	•
Equipment, Utensils, and Linens	6.1 Design, construction, an		901:3-4 OAC 3701-21 OAC	
4.0 Materials for construction and repair	6.2 Numbers and capacities		3701-21 0/40	
4.1 Design and construction	6.3 Location and placement		1 TEMP THE	OMOLADEL A
4.2 Numbers and capacities	6.4 Maintenance and operation		1-TEMP THERMOLABEL ® Square turns black as temperature is reached ication and tee received a of inspection ck# 3177	
4.3 Location and installation			temperature is reached	71'0
		A wol	ication and	tee received a
		11%	Dinsen-too	# 11/14 @177
Violation(s)/Comment(s)		41/1/2	or myer no	" CKFF SIII
- Hand SINK functional	and stocked			
- Hand SINK functional and stocked, disposable gloves present				
- Cold holding acceptable of time of inspection 417 Fr Se law: Heavy Cream 36				
- Dishmochine Periching acceptable temperature to manifile at time of				
inspection. Maximum	registering	Lightenp	erature there	uneter present
- Chlorine present as so	nitizer tost	Kit orasen	+	
		7.4		
- Metal Stom prope thous	I Prose		/	
- Thermometers gresen	T in setro	1 rator 17	recter.	
* Froure employe hes	1th police	5 Veritia	ble that emp	la jos are
informed of respon	Substitute resu	ponsibilit	in to report	- (Handont)
+ Provide de a	1.+ (14-1	(. L) V	Browing a	1 novel 5/- 1
PI TIDVICIE CIERT DOK	CI (FIG. AC) O	11 1	FIDVIAC /1.	IN SACTOR
Inspected by	8.S/SIT #	Licensor	,	THE TIDE
TOLCOR MAR	3458	$ \mathcal{L} $	HOX	
Received by	Title		Pho	ne
12 Horas - )				
HEA 5302 2/12 Ohio Department of Health	Distribution: Top copy—Ope	rator, Bottom copy—Le	ocal health department	<u> </u>
AGR 1268 2/12 Ohio Department of Agriculture	1	, ,	•	pgof