

Name of facility				Check one			License Number		Date		
Centerbury Kespiratory and Specialty Kelnuly					18 FSO 12 RFE 464 9/30/1						
					City/Zip Code						
1212 fairview Ave.					Centerving						
Lie	ense holder		Inspe	ect	tion Time	Tra	vel Time	Cate	gory/Descriptive		
	1 pour A	Kins Chris Murphy						C	45		
Ty	pe of Inspection (chec						Follow up date (if required	an T	Water sample date/result		
		Control Point (FSO) D Process Review (RFE) D Varia	nce Re	evi	iew 🗆 Follow u	ıp qı			(if required)		
	Foodborne 🗆 30 Day	☐ Complaint ☐ Pre-licensing ☐ Consultation									
		FOODBORNE ILLNESS RISK FACTOR									
N	lark designated complia	ance status (IN, OUT, N/O, N/A) for each numbered it	em: IN	1=i	in compliance (=TUC	not in compliance N/O=no	at obs	served N/A=not applicable		
		Compliance Status	Compliance Status								
		Supervision		Time/Temperature Controlled for Safety Food (TCS food)							
1	ZIN DOUT DN/A	Person in charge present, demonstrates knowledge, ar performs duties		4			Proper date marking and	dispo	sition		
2	DÍN DOUT D N/A	Certified Food Protection Manager Employee Health		-			Time as a public health con	ntrol: [procedures & records		
	MN DOUT D N/A	Management, food employees and conditional employee;				Consumer Advisory					
3	MIN LICOT LINIA	knowledge, responsibilities and reporting		2	25 DIN DOL	JT	Consumer advisory provid	ded fr	or raw or undercooked foods		
4	DIN DOUT D N/A	Proper use of restriction and exclusion			ZN/A						
5	ZIN OUT N/A	Procedures for responding to vomiting and diarrheal ever Good Hygienic Practices	its	ŀ	ZIN DOI	IT	Highly Susceptible Pop	pulati	ions		
6	IN OUT ONO	Proper eating, tasting, drinking, or tobacco use		2	26 N/A	01	Pasteurized foods used; p	prohib	ited foods not offered		
7	ZIN OUT NO	No discharge from eyes, nose, and mouth		ı			Chemical				
	Pi	eventing Contamination by Hands			וס 🗆 עוַ 🗆 כו	UT					
8	MIN OUTON/O	Hands clean and properly washed		12	27 / N/A		Food additives: approved	and p	properly used		
9	IN IDOUT	No bare hand contact with ready-to-eat foods or approvaltemate method properly followed	ed	1	28 DN/A	υT	Toxic substances properly i	identi	fied, stored, used		
	, , ,	atternate metros property followed				C	onformance with Approved	d Pro	ocedures		
10	ZIN DOUT DN/A	Adequate handwashing facilities supplied & accessible			29 DIN DOL	JT	Compliance with Reduced				
	Z	Approved Source		-	JAN/A		specialized processes, and	IO HA	CCP plan		
11	IN DOUT	Food obtained from approved source		:	30 DIN DOL		Special Requirements; Free	sh Ju	ice Production		
12	DN/A DN/O	Food received at proper temperature		+	TIN 51 01						
13	ØIN □ OUT	Food in good condition, safe, and unadulterated		-	31 ZIN/A II N/	0	Special Requirements, Hea	at ire	atment Dispensing Freezers		
14	□ IN □ OUT □M/A □ N/O	Required records available: shellstock tags, parasite destruction		3	32 DIN DOL	JT O	Special Requirements: Cus	stom l	Processing		
1		Protection from Contamination			33 DIN DOL		Special Requirements: Bull	ik Wai	er Machine Criteria		
15	ØN □ OUT □N/A □ N/O	Food separated and protected		ŀ	Lania Li ni		6.				
16	OIN OUT	Food-contact surfaces: cleaned and sanitized		3	MIN DOL		Special Requirements: Acid Criteria	amea	vvnite Rice Preparation		
17	ØN □ OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			IN Z OL	JT	Critical Control Point Inspec	ction			
	Time/Tempe	rature Controlled for Safety Food (TCS food)		2	6 DIN DOL	Л	Process Review				
18	□ IN □ OUT □N/A ☑ N/O	Proper cooking time and temperatures		-	EIN DO	ıT					
19	□ IN □ OUT □N/A Ø N/O	Proper reheating procedures for hot holding		3	ZN/A	- •	Variance				
20	EI IN EI OUT EIN/A EI N/O	Proper cooling time and temperatures	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.								
21	ONA DINO	Proper hot holding temperatures							•		
22	DIN - OUT -N/A	Proper cold holding temperatures		illness or injury.							

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

Name of Facility	1 10 . 10 7	Тур	e of Inspection/ Date	7					
Leuterburg Kno	iratory and Specialty Kelic	ab lenter St	awhard CCP 9/30	2/19					
V 1	GOOD RETAIL	DDACTICES							
Good Patail Prost	ices are preventative measures to control the intro		micels, and physical chicate into foods		-				
	status (IN, OUT, N/O, N/A) for each numbered item: li			annlic:	ahle				
	Safe Food and Water	Date of the Control o	Itensiis, Equipment and Vending	аррис	aoid				
38 ZIN OUT N/A N/O Pasteurized eggs used where required 54 ZIN OUT Food and nonfood-contact surfaces clear designed, constructed, and used									
39 Z IN OUT Water and ice from approved source S5 Z IN OUT DN/A Warewashing facilities, installed, maintained us									
Fo	od Temperature Control	56 Ø IN OUT	Strips Nonfood-contact surfaces clean		_				
40 DIN OUT ON/A ON/O	Proper cooling methods used; adequate equipment for temperature control	20 12 114 12 001	Physical Facilities						
41 IN OUT ON A NO	Plant food properly cooked for hot holding	57 DIN OUT N/A Hot and cold water available; adequate pre							
42 Z IN [] OUT [] N/A [] N/O	Approved thawing methods used	58 IN OUT IN/A Plumbing installed; proper backflow devices							
43 ZIN OUT ON/A	Thermometers provided and accurate	59 IN OUT N/A	/A Sewage and waste water properly disposed						
	Food Identification	60 IN OUT IN/A	Toilet facilities: properly constructed, supplied,	cleane	ed \				
44 ZIN 🗆 OUT	Food properly labeled; original container	61 IN OUT ON/A	Garbage/refuse properly disposed; facilities ma	aintaine	rd				
Prever	tion of Food Contamination	62 DIN DOUT	Physical facilities installed, maintained, and clear						
45 IN MOUT	Insects, rodents, and animals not present/outer	63 ZÍN 🗆 OUT	Adequate ventilation and lighting; designated		sed				
46 ZIN 🗆 OUT	Contamination prevented during food preparation, storage & display	64 ZIN - OUT -N/A	Existing Equipment and Facilities	SEL	ER ET				
47 MIN OUT	Personal cleanliness	04 2 11 2 001 011	Existing Equipment and Facilities	H	E E				
48 ZIN OUT ONA ONO	Wiping cloths: properly used and stored		Administrative	起源					
49 DIN DOUT DN/A Z N/O	Washing fruits and vegetables	65 DIN DOUT ZIN/A	901:3-4 OAC		ERN				
	Proper Use of Utensils	66 M N OUT ON/A	2704 24 040		100				
	In-use utensils: properly stored Utensils, equipment and linens; properly stored, dried,	66 LTIN LI OUT LIN/A	3701-21 OAC						
51 DIN OUT ON/A	handled		- 1	é					
52 1 IN 0 OUT 0N/A 0 N/O	Single-use/single-service articles; properly stored, used		I o	91-T-1					
53 IN OUT N/A N/O	Slash-resistant and cloth glove use Observations and C	Corrective Astions			ACCUSED ON				
	Mark "X" in appropriate box for COS and R. COS=corr		n Rerepeat violation						
Item No. Code Section Prior	ity Level Comment			cos	R				
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	tor safety (TCS)	foods - Hald	TCS tooks no						
	longer than of day		datemarking						
11 = 12	inmediately- Foo	H Was Volum	turily discarded		爱				
45 00	Provide Fight fitting weather Strip to dutside door in Storage area to prevent rodout entry- Also								
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			9/30/19						
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PRIORITY LEVEL: C = CRITI	CAL NE = NON-CRITICAL		Page 2 of 3						



Name of Facility		-			 Type of Inspection /	Date
Center Respiratory	and	Space Oty	Rehab	Center	Standard KCP	9/30/19
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'NC = NON-CRITICAL PRIORITY LEVEL: C = CRITICAL

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