State of Ohio

rood Inspection Reportant Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Che					1	License Number		Date		
	DIKKUS of	Howard	☐ FSC	FSO ØRFE		1092		4/9/2020		
Ad	dress		City/Sta	y/State/Zip Code						
5	12349 Cos	Howard hocton Rel	Hou	How very of All 1/2005						
				/// ion	Time T	ravel Time	C.	atogon/Dogorintivo		
	onde notaer			la 1)			0.	ategory/Descriptive		
				$\underline{\mathcal{U}}$		20	<u> </u>	<u> </u>		
100	pe of Inspection (chec		ь.			Follow up date (if required	d)	Water sample date/result		
1		Control Point (FSO) □ Process Review (RFE) □ Varia □ Complaint □ Pre-licensing □ Consultation (* \.			Li Follow up	Vendina		(if required)		
<u> </u>	. coaseme E co say	2 to isonomy 2 ochoditation	MARY	7	Wherst	WD RUMB				
IAN:		FOODBORNE ILLNESS RISK FACTO	RS AND) I			s			
М	ark designated complia	ance status (IN, OUT, N/O, N/A) for each numbered it	tem: IN=ir	1 0	ompliance OUT	=not in compliance N/O=no	ot o	bserved N/A=not applicable		
		Compliance Status		-						
NA.		Supervision	ARREA E	Compliance Status Time/Temperature Controlled for Safety Food (TCS food)						
<u> </u>		Person in charge present, demonstrates knowledge, a	nd	Т	□ IN □ OUT	imperature controlled for 32	/ rood (103 100d)			
1	DIN DOUT D N/A	performs duties	2).XI		Proper date marking and disposition		position		
2	□IN □OUT □ N/A	Certified Food Protection Manager		, 1	□ IN □ OUT	Time as a public health control: procedures & records				
1300		Employee Health	2	4	□N/A □ N/O	rime as a public nealth col		ntrol: procedures & records		
		Management, food employees and conditional employees				Consumer Advisory				
<u> </u>		knowledge, responsibilities and reporting	2		□ IN □ OUT □N/A	Consumer advisory provi		ided for raw or undercooked foods		
5	□IN □OUT □ N/A □IN □OUT □ N/A	Proper use of restriction and exclusion Procedures for responding to vomiting and diarrheal ever	nte	1333	LIVA	Highly Cycoontible Do	•			
,	Dir Boot Brok	Good Hygienic Practices	1.0	Ť	□ IN □ OUT	Highly Susceptible Po				
6				- 1	□N/A	Pasteurized foods used		d; prohibited foods not offered		
7	□ IN □ OUT □ N/O	No discharge from eyes, nose, and mouth				Chemical				
1936	Pı	reventing Contamination by Hands			□ IN □ OUT	Fand additions assumed				
8	□IN □ OUT □ N/O	Hands clean and properly washed		27	□N/A	Food additives: approved and properly used		a properly used		
	□IN □ OUT	No bare hand contact with ready-to-eat foods or approve		7 81/	☑ IN □ OUT □ N/A	Toxic substances properly identified, stored, used				
9	□N/A □ N/O	alternate method properly followed				Conformance with Approve	, d E	Deconduras		
10	□IN □OUT □ N/A	Adequate handwashing facilities supplied & accessible			□ IN □ OUT	Conformance with Approved Procedures OUT Compliance with Reduced Oxygen Packaging, other				
	Approved Source			o car	□N/A	specialized processes, ar				
11	□IN □OUT				□ IN □ OUT	Special Poquiromenta: Ere		Juigo Bradustian		
12	□ IN □ OUT	Food received at proper temperature		,0	□N/A □ N/O	Special Requirements: Fre	3511	sti Juice Production		
	□N/A □ N/O		з		□ IN □ OUT □ N/O	Special Requirements: He	at T	at Treatment Dispensing Freezers		
13	□IN □OUT	Food in good condition, safe, and unadulterated			DIN DOUT					
14 N/A N/O Required to		Required records available: shellstock tags, parasite destruction	3	101		Special Requirements: Cus		itom Processing		
/ Protection from Contamination				\top	□ IN □ OUT					
15	☑IN □ OUT	Food concreted and pretented	3	!'4!	□N/A □ N/O	Special Requirements: Bu	lk W	/ater Machine Criteria		
15	□N/A □ N/O	Food separated and protected			□ IN □ OUT	T Special Requirements: A		aidified White Biss Bransvation		
16	□ IN □ OUT □N/A □ N/O	Food-contact surfaces: cleaned and sanitized	34	4	□N/A □ N/O	Criteria Criteria	write rice r reparation			
17	□IN □ OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food	3	35 N/A Critical Control		Critical Control Point Inspe	Inspection			
	Time/Tempe	rature Controlled for Safety Food (TCS food)	3,6		□IN □ QUT	Process Review				
18	□ IN □ OUT □N/A □ N/O	Proper cooking time and temperatures	36	1	□N/A	1 10003 IVEAIRA				
			3			Variance				
19	□ IN □ OUT □N/A □ N/O	Proper reheating procedures for hot holding		ON/A Variance						
20	□ IN □ OUT □ N/A □ 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 illness or injury.						
21	□ IN □ OUT □N/A □ N/O	Proper hot holding temperatures	f							
22	☑IN □ OUT □N/A	Proper cold holding temperatures	F F							

HEA 5302A Ohio Department of Health (10/19) AGR 1268 Ohio Department of Agriculture (10/19)

State of Ohio

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Name of Facility Dir Kos of Howard						Type of Inspection Date (re-) GENEING / Chause 4/3/2030						
O Chirlett Ship												
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												
					and Water			ensils, Equipment and Vending				
38	□ IN	N 🗆 OUT 🗆 N/A	□ N/O				□ IN □ OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				
39	11	N □OUT □N/A		Water and ice from approved source				Warewashing facilities: installed, maintained, used: test				
	Food Temperature Control				rature Control	55		strips				
40		N OUT ON/A	J N/O		ooling methods used; adequate equipment erature control	56		Nonfood-contact surfaces clean Physical Facilities				
41	□ I1	N □ OUT □N/A □	⊒ N/O	Plant foo	nd properly cooked for hot holding	57	ZIN OUT ON/A	Hot and cold water available; adequate pressure				
42	□ I1	N □ OUT □N/A [⊒ N/O	Approved thawing methods used		58	58 IN IN IN Plumbing installed; proper backflow de					
43	□ I	N □ OÚT □N/A		Thermometers provided and accurate			□N/A □ N/O					
				Food Ide	entification	59	59 IN OUT N/A Sewage and waste water properly dispose					
44	□ II	√ □ OUT		Food properly labeled; original container		60	60 ☐ IN ☐ OUT ☐N/A Toilet facilities: properly constru		structed, supplied, cleaned			
	l		Prevent	tion of Food Contamination			61 IN OUT N/A Garbage/refuse properly disposed; facilities					
45	45 IN OUT			Insects, rodents, and animals not present/outer openings protected			62 □ IN □ OUT Physical facilities installed, maintained, outdoor dining areas			and clean; dogs in		
46	וו 🗀 וו	N □ OUT		storage 8	nation prevented during food preparation, k display	63		Adequate ventilation and lighting; designated a	rooe H	nod		
47	-	OUT ONA	7.11/0		cleanliness	\vdash			neas u	seu		
48		N D OUT DN/A [N D OUT DN/A [cloths: properly used and stored fruits and vegetables	64	☐ IN ☐ OUT ☐N/A	Existing Equipment and Facilities				
40	LJ ''	V II OUT LINA			e of Utensils			Administrative				
50		N 🗆 OUT 🗀 N/A [tensils: properly stored	65	□ IN □ OUT □N/A	901:3-4 OAC				
51	Utensils, equipment and linens: properly stored, dried,			66		3701-21 OAC						
52	handled DIN DUT DN/A Single-use/single-service articles: properly stored, used				se/single-service articles: properly stored, used			1				
53						- Ne	exics Pitta	Even ETV approved				
					Observations and C							
Iter	n No.	Code Section	Priori	Mark "X ty Level	" in appropriate box for COS and R: COS=corn Comment	ected	on-site during inspection	n R≕repeat violation	cos	R		
2						1/1/	NI FOY YAKE	AB Nomager.				
3					Ensure all employee			Politin.				
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Per	son [n Charge	·	Ka.	2 Landon Landon		/	/ Date:				
Sanitarian Licensor:												
L	The state of the s											

PRÍORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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

Name of I		\bigcap	A Type of In:	spection /	Date /	1	
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	<i>FD</i> / C	1 1120	OF DIM	e 95412	'e 47	0,6	* 182
			Observations and Corrective Actions (continued)				
		Mark "X'	in appropriate box for COS and R: COS=corrected on-site during inspection R=repe	eat violation			
Item No.	Code Section	Priority Level	Comment			cos	R
			Cupy to Khiryp Oknoxhealth. Com				
			Kleach present as sunitizes with	4 4054 54	F-1/15		
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PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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