State of Ohio

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

			Check or	1	License Number	Date		
Longbranch VICIA Address City/ Twest Main St.			□ FSC) Ø RFE	516	10/10/030		
Ad	ldress 🗸		City/Stat	ity/State/Zip Code				
	7 West 10	10: 31	Post	Centerhura OH 43011				
				on Time Control	avel Time	To		
and the same of th			- 1	. ''	avertime	Category/Descriptive		
	Jared Dac	0015	U	20	JV.	C3.5		
	Type of Inspection (check all that apply)				Follow up date (if required			
1	☐ Standard ☐ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variance R			w 🗆 Follow up	- Comment of the Comm	(if required)		
	Foodborne LI 30 Day	☐ Complaint ☐ Pre-licensing ☐ Consultation				· · · · · · · · · · · · · · · · · · ·		
350		FOODBORNE ILLNESS RISK FACTOR	DC VVIL	DIIDI IC LIEA	TH INTERVENITION			
M	lark designated compli		~~~					
101	iark designated compil	ance status (IN, OUT, N/O, N/A) for each numbered ite	eni: IN=in	compliance OUT	=not in compliance N/O=no	ot observed N/A=not applicable		
ļ		Compliance Status		Compliance Status				
1777		Supervision		Time/Temperature Controlled for Safety Food (TCS food)				
1	DÍN DOUT D N/A	Person in charge present, demonstrates knowledge, an performs duties	d 23	DN/A □ N/O	Proper date marking and	disposition		
2	.⊒ÍN □OUT □ N/A	Certified Food Protection Manager	24	□ IN □ OUT	Time so a public health as	entral properties 0		
		Employee Health		DN/A □ N/O	rime as a public nealth co	ontrol: procedures & records		
3	DIN DOUT D N/A	Management, food employees and conditional employees			Consumer Advis	ory		
		knowledge, responsibilities and reporting ((6V 10 -)4	25	D IN D OUT	Consumer advisory provid	ded for raw or undercooked food		
5	OUT N/A	Proper use of restriction and exclusion		JAN/A				
3	FEIN DOOLDIN/A	Procedures for responding to vomiting and diarrheal even Good Hygienic Practices	IS	□ IN □ OUT	Highly Susceptible Po	pulations		
6	DIN OUT NO	· · · · · · · · · · · · · · · · · · ·	26		Pasteurized foods used;	prohibited foods not offered		
7	DÍN OUT NO	No discharge from eyes, nose, and mouth			Chemical			
10.55	P	reventing Contamination by Hands		U N D OUT				
8	☑Ñ □ OUT□ N/O	Hands clean and properly washed	27	N/A	Food additives: approved	and properly used		
9	☑ IN □ OUT □N/A □ N/O	No bare hand contact with ready-to-eat foods or approv alternate method properly followed	ed 28	□N/A □ OUT	Toxic substances properly	identified, stored, used		
					Conformance with Approve	d Procedures		
10	_ÆIN □OUT □ N/A	Adequate handwashing facilities supplied & accessible	29	□ IN □ OUT		d Oxygen Packaging, other		
4.4	. □ IN □ OUT	Approved Source		LIN/A	specialized processes, ar	1d HACCP, plan		
11		Food obtained from approved source	30	□ IN □ OUT □N/A □ N/O	Special Requirements: Fre	esh Juice Production		
12		Food received at proper temperature						
13	.⊡1Ñ □ OUT	Food in good condition, safe, and unadulterated	31	N/A N/O	Special Requirements: He	at Treatment Dispensing Freezers		
14	□ JN □ OUT	Required records available: shellstock tags, parasite		□ IN □ OUT	1			
14	ØÑ/A □ N/O	destruction	32	□N/A □ N/O	Special Requirements: Cu	stom Processing		
		Protection from Contamination	33	□IN □ OUT	Special Requirements: But	Water Machine C-141-		
15	□N/A □ N/O	Food separated and protected		LIN/A LI N/O		<u> </u>		
16		Food-contact surfaces: cleaned and sanitized	34	□ IN □ OUT □N/A □ N/O	Special Requirements: Aci Criteria	idified White Rice Preparation		
17	ÐÍN □ OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food	35	□IN □ OUT □N/A	Critical Control Point Inspe	ection		
	Time/Tempe	rature Controlled for Safety Food (TCS food)		□ IN □ OUT	B B.			
18	□ IN □ OUT □N/A ,⊡ N/O	Proper cooking time and temperatures	36		Process Review			
19	□ IN □ OUT ☑N/A □ N/O	Proper reheating procedures for hot holding	37	□ IN □ OUT □N/A	Variance			
20	□ IN □ OUT □N/A ☑ N/O	Proper cooling time and temperatures	R	Risk factors are food preparation practices and employee behaviors				
21	□ IN □ OUT □N/A □ N/O	Proper hot holding temperatures	fc	that are identified as the most significant contributing factors to foodborne illness.				
22	□ IN ☑ OUT □N/A	Proper cold holding temperatures		Public health interventions are control measures to prevent foodborne illness or injury.				

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Name of Facility		6	Type of Inspection	Date								
Longbranch Pi-	179		Itandard	10/le/2020								
0												
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												
38 IN OUT N/A N/C	Pasteurized eggs used where required 5	4 DIN DOUT	Utensils, Equipment and Vending Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used									
39 ☐ IN ☐ OUT ☐ N/A	Water and ice from approved source		Warewashing facilities; instr	alled, maintained, used; test								
Fo	od Temperature Control	55 DIN DOUT D	Strips	mod, mamamod, dood, toot								
40 0 IN 0 OUT 0N/A 0 N/O	Proper cooling methods used; adequate equipment for temperature control	56 N OUT Nonfood-contact surfaces clean Physical Facilities										
41 IN OUT N/A N/O	Plant food properly cooked for hot holding 5	7 IN OUT C	□N/A Hot and cold water availab	e; adequate pressure								
42 IN OUT ONA ONO	Approved thawing methods used 5	8 🗆 IN 🗆 OUT	Plumbing installed; proper	backflow devices								
43 IN IN OUT IN/A	Thermometers provided and accurate											
4	Food Identification 5		□N/A Sewage and waste water pro	perly disposed								
44 DIN D OUT	Food properly labeled; original container	O DIN D OUT D	□N/A Toilet facilities: properly cons	tructed, supplied, cleaned								
Prever	tion of Food Contamination	1 IN OUT C	□N/A Garbage/refuse properly disp	osed; facilities maintained								
45 IN □ OUT	openings protected	2 IN OUT	Physical facilities installed, moutdoor dining areas	naintained, and clean; dogs in								
46 IN I OUT	Contamination prevented during food preparation, storage & display	33 Ø IN OUT	Adequate ventilation and light	nting; designated areas used								
47 IN OUT IN/A 48 IN OUT IN/A IN/O	Personal cleanliness	64										
49 IN OUT N/A N/O	Washing fruits and vegetables		Administrative									
	Proper Use of Utensils	,	Administrative									
50 IN OUT ON/A N/O	In-use utensils: properly stored	SS IN OUT [□N/A 901:3-4 OAC									
51 IN OUT ON/A	Utensils, equipment and linens: properly stored, dried, handled	66 IN I OUT	N/A 3701-21 OAC	1								
52 IN OUT ON/A		e-use/single-service articles: properly stored, used Dining frestrooms Currently Cose										
53 IN OUT ON/A N/O		public du	e to COVID-19 6	/								
	Observations and Corr											
Item No. Code Section Prior	Mark "X" in appropriate box for COS and R: COS=corrected ity Level Comment	on-site during ins	pection R=repeat violation	COS R								
16 45 0	Observed buildup insi	do ice ma	chine on slastic	CAYPA 0 0								
	where water cuscades h			wintain -								
	ricrording to many la hir	(1) 11 -0		eihing -								
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71 0.)	- Observed two temale to	for Work	est le ithous for	The state of the s								
	groper nair POTRAIN	Mair	Must be covered	a o o								
- Lobby Walls (Winday) 3/1/2 have been repeat												
	There you would	e Cove	base.									
Person in Charge Date:												
10-6.00												
Sanitarian Licensor: Mox Public Hulb												
PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL Page of												

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

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

Name of Facility	4	Type of Inspection	Date	
Longbranch &	1111	Handord	10/6/202	20
	Observations and Correctiv		1 /	
	ark "X" in appropriate box for COS and R: COS=correct			
Item No. Code Section Priority			· / · cos	S R
	New Verrigeration	requisiting been a	rddid " 0	
			, O	
	Turbo Air Press (Ook	Model: MST-72-30-N)	
	("ut Tomator" 40°F	ETL listed		
	Hrays Upright (00)	ler Model: FRF-1D		
	Rangh'39PB			
	X Juryo Mr Counter 10	of Cooks Model: (KI-)	7-18 =	
	Deericale 47th	ETL listed		
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	Ham 35 of 3100	CHIPE		
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	John John			
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Person in Charge:		Date:	. ,20	
Sanitarian:	¥	Licensor:	4	
1 0 P 18 11	1	* /		

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL