State of Ohio

Food Inspection Repc. Authority: Chapters 3717 and 3715 Ohio Revised Code

Na	me of facility	A 1		heck one			License Number	Date ,				
	Ht Vernon (Sids Softball-Diamond 1	·ဩ FSC	☐ FSO ☐ RFE			171	8/12/2020				
Ad	dress		City/Stat	City/State/Zip Code								
1	Lonomal	- And	NA-Vernon 104 (43050									
Lic	ense holder	Owic	Inspection	on	V							
						Ha	ver rime	ategory/Descriptive				
- Page	Ut. Vernon							NC.3				
	pe of Inspection (chec Standard □ Critical 0		D t.				Follow up date (if required)	Water sample date/result (if required)				
		Control Point (FSO) □ Process Review (RFE) □ Varia □ Complaint □ Pre-licensing □ Consultation	ance Revie	€W	□ Follow up	1		(ii 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	Compliance Status									
100		Supervision	Vijit i	Time/Temperature Controlled for Safety Food (TCS food)								
1	DIN OUT ONA	Person in charge present, demonstrates knowledge, a	ind 2:		UQ U NO		Proper date marking and di	enceition				
	<u>/</u>	performs duties		'	□N/A ☑ N/C		. roper date marking and the	орозноп				
2	DIN COUT N/A	Certified Food Protection Manager Employee Health	24		□.IN □ OU		Time as a public health contr	ol: procedures & records				
-				\mathcal{V}	" MA INO		Consumer Advisory					
3	ZIN □OUT □ N/A	Management, food employees and conditional employee knowledge, responsibilities and reporting		25 DIN DOU		T	Consumer advisory provided for raw or undercooked foods					
4	⊿IN □OUT □ N/A	Proper use of restriction and exclusion	25			•						
5	ZIN OUT N/A	Procedures for responding to vomiting and diarrheal eve	nts				Highly Susceptible Popu	lations				
/		Good Hygienic Practices	26		□/IN □ OU ☑N/A	Т	Pasteurized foods used; pro	phibited foods not offered				
6 7	IN OUT NO	Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth		7/	LIN/A							
-	<u> </u>	reventing Contamination by Hands		Τ.		3343444	Chemical Chemical					
8	□IN □ OUT/□ N/O		2	/	□in □ou ⊠n/a	1	Food additives: approved a	nd properly used				
		Trained clean and properly married	roved 28	- 200				***************************************				
9	□ IN □_OUT	No bare hand contact with ready-to-eat foods or appro-		ν	□N/A □ OU		Toxic substances properly identified, stored, used					
9	□N/A-⁄□ N/O	alternate method properly followed				c	onformance with Approved	Procedurae				
10	∠DÍN □OUT □ N/A	Adequate handwashing facilities supplied & accessible	9 3				Compliance with Reduced C					
		Approved Source	29	QI .	□N/A	•	specialized processes, and					
11	,⊡N □OUT	Food obtained from approved source	30		□IN □ OU		Special Requirements: Fresh	Juice Production				
12	□ IN □ OUT □N/A ☑ N/O	Food received at proper temperature			□N/A □ N/C		Operation (Control of Control of					
13	IN DOUT	Food in good condition, safe, and unadulterated	3·		□IN □ OU □N/A □ N/C		Special Requirements: Heat Treatment Dispensing Free					
10,	TUO 🗆 OUT	Required records available: shellstock tags, parasite		\top			t /	NA				
14	ØN/A □ N/O	destruction	32	വ .			Special Requirements: Custo	om Processing				
		Protection from Contamination	33		□ IN □ OU		Special Reguirements: Bulk	Mater Machine Critorio				
15	□ IN □ OUT	Food separated and protected	3	1	□N/A □ N/C)	Opecial Nequirements, bulk	rvater machine Chteria				
	ONA D NIO	•	34		□IN □OU		Special Requirements: Acidif	ied White Rice Preparation				
16	□ IN □ OUT □N/A ☑ N/O	Food-contact surfaces: cleaned and sanitized		1	□N/A □ N/C)	Criteria	·				
17	_☐ IN □ OUT	Proper disposition of returned, previously served,	20	ا ے	□IN □ OU	Т	Critical Control Boint Income					
		reconditioned, and unsafe food	38	l [°]	□N/A		Critical Control Point Inspecti	on				
Chi		rature Controlled for Safety Food (TCS food)	36	٦ I	□IN □ OU	T /	Process Review	, *				
18	□ IN □ OUT □N/A ☑ N/O	Proper cooking time and temperatures		+	□N/A							
			37		□IN □OU □N/A	Т	Variance	,				
19	□ IN □ OUT □N/A ☑ N/O	Proper reheating procedures for hot holding										
	□ IN □ OUT					**						
20	□N/A/□ N/O	Proper cooling time and temperatures		Risk factors are food preparation practices and employee behaviors								
<u></u>	□IN □,OUT	December 1 to 1 t			at are identified as the most significant contributing factors to odborne illness.							
21	□N/A □ N/O	Proper hot holding temperatures										
20	AN DOUTEN	Dropper cold holding to the control of the control	1 1	Public health interventions are control measures to prevent food illness or injury.								
22	D IN D OUT DN/A	A Proper cold holding temperatures										

HEA 5302A Ohio Department of Health (10/19) AGR 1268 Ohio Department of Agriculture (10/19) mend of Sept. Page / of 2

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Type of Inspection

Date

Mali		Vernon	(-	sids	, Softball - Diam	ONO	1	Ste	and a c d 8/12/	120	20	
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											abic	
38 IN OUT N/A N/O Pasteur				Pasteuri	zed eggs used where required	54	Ø IN □ OUT		Food and nonfood-contact surfaces cleanab designed, constructed, and used	le, pro	perly	
39	01	N □OUT □N/A		Water a	nd ice from approved source	55	DIN DOUT D	חאום	Warewashing facilities: installed, maintained,	used;	test	
Food Temperature Control							/		strips			
			⊴ N/O		cooling methods used; adequate equipment erature control	56	IN OUT		Nonfood-contact surfaces clean Physical Facilities			
41		N 🗆 OUT, 🗖 N/A 🛭	□ N/O	Plant fo	od properly cooked for hot holding	57	D IN D OUT D	□N/A	Hot and cold water available; adequate pre-	ssure		
42 IN OUT N/A N/O Ap			□ N/O	Approve	d thawing methods used	58		-	Plumbing installed; proper backflow devices			
43	<u></u>	N □ OUT □N/A		Thermo	meters provided and accurate		□N/A □ N/O					
-	1			Food Id	entification	59		Sewage and waste water properly disposed				
44	Þ١	N 🗆 OUT		Food pr	operly labeled; original container	60		□N/A	Toilet facilities: properly constructed, supplied,	cleane	ed	
			Prevent	ion of F	ood Contamination	61	DIN DOUTE	□N/A	Garbage/refuse properly disposed; facilities ma	intaine	ed	
45				Insects, rodents, and animals not present/outer openings protected			□ IN □ OUT	2	Physical facilities installed, maintained, and cle outdoor dining areas	ean; do	gs in	
46	16			Contamination prevented during food preparation, storage & display					Adequate ventilation and lighting; designated a		ıcad	
47		N 🗆 OUT 🗆 N/A N 🗆 OUT 🗆 N/A [¬ N/O	Personal cleanliness Wiping cloths: properly used and stored					Existing Equipment and Facilities	———	1364	
49		N 🗆 OUT 🗆 N/A [g fruits and vegetables	1 0				der a		
			P	roper Us	e of Utensils			/	Administrative			
50 IN OUT N/A N/O I				In-use u	itensils: properly stored	65		⊒N/A	901:3-4 OAC			
51				Utensils handled	, equipment and linens: properly stored, dried,	66	ØIN 🗆 OUT 🗆	□N/A	3701-21 OAC			
52					se/single-service articles: properly stored, used				*			
53		N 🗆 OUT 🗆 N/A [□ N/O	Slash-re	esistant, cloth, and latex glove use							
				Mark ")	Observations and ("in appropriate box for COS and R: COS=cor				R=reneat violation			
Iter	n No.	Code Section	Priori	ty Level	Comment	recteu	on-site during msp	pection	K-repeat violation	cos	R	
				1	Secure Streen d	000	at p	2011	Lon			
	Clean up kit present											
	No vodent droppings conserved - Discussed with											
PIC tacility Will							Closed	16	rodent droppings			
				8	present 0							
	DOCK FRIG FOR CONDIMENTS pot present during											
	inspection but will be during season - Must											
					hold TSS food a	1	HIF OC	De	Cow or not			
			4		permitted							
							ì		5			
					Clan grill and	Co	unters	PI	100 to USL			
								1				
Person in Charge Date: 8 - 12 - 20												
Sanitarian Licensor:												
PRIORITY I EVEL: C = CRITICAL NC = NON-CRITICAL												

Name of Facility