State of Ohio

ood Inspection Repo.

Authority: Chapters 3717 and 3715 Ohio Revised Code

Na	ame of facility		Check on		Lice	ense Number	Date					
A)	A_{i}	√D FSC		Liou	1 T	1 / 10 / 1					
LY	CAMPA C	ollège terre Dining	2130			100	<u> </u>					
Ac	ldress 🌡 📉		City/State	State/Zip Code								
1) oice H	all Kannan	2110	11 /2/2009								
116	cense holder	ace to have	Inspection	n Time	7 / (//	<u>F1 7 XJ&&</u>	0.1					
	A L		mopcome	ii iiiic	Travel Tin	ne	Category/Descriptive					
1	4V1 1000					49						
	pe of Inspection (chec					w up date (if required) Water sample date/result					
		Control Point (FSO) D Process Review (RFE) D Vari	ance Revie	w □ Follow uţ	p		(if required)					
	Foodborne 30 Day	☐ Complaint ☐ Pre-licensing ☐ Consultation										
	<u> </u>											
Vini.	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS											
M	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								
Mili		Supervision		Time/Temperature Controlled for Safety Food (TCS food)								
1	DIN DOUT D N/A	Person in charge present, demonstrates knowledge, a performs duties	and 23	DIN DOU		Proper date marking and disposition						
2	ZÍIN □OUT □ N/A	Certified Food Protection Manager	24	DN DOU		a as a public booth cor	ntrol: procedures & records					
	<i>(</i>	Employee Health	24	¹ □N/A □ N/0	0 111116	as a public fleatiff cor	ittoi, procedures & records					
3	DIN DOUT D N/A	Management, food employees and conditional employe knowledge, responsibilities and reporting		□ IN □ OU	JT .	Consumer Adviso						
4	'⊿ÍN □OUT □ N/A	Proper use of restriction and exclusion	25	□N/A	Cons	sumer advisory provid	led for raw or undercooked foods					
5/	ZUN □OUT □ N/A	Procedures for responding to vomiting and diarrheal even	ents		Hig	jhly Susceptible Por	oulations					
WAR	1	Good Hygienic Practices		□ÌN □ OU	JT Past	leurized foods used: n	prohibited foods not offered					
6	DIN OUT ONO	Proper eating, tasting, drinking, or tobacco use	26	CZŃ/A	1 430	leunzeu 100us useu, p	monibiled loods not offered					
7°	DAN DOUT DANO	No discharge from eyes, nose, and mouth				Chemical						
Tallers (A		reventing Contamination by Hands		□ ÌN □ OU	JT EOO	d additives: approved	and properly used					
8	DIN DOUT DNO	Hands clean and properly washed		ØÑ/A	1 000	a additives. approved	and properly used					
9 ,	DIN DOUT	No bare hand contact with ready-to-eat foods or approalternate method properly followed	oved 28	DÍN DOU	JT Toxid	c substances properly	identified, stored, used					
	2	anomate metrica property followed		Conformance with Approved Procedures								
10	DIN DOUT NA	Adequate handwashing facilities supplied & accessible	e 29	□ N □ OU	JT Com	pliance with Reduced	Oxygen Packaging, other					
100	<i></i>	Approved Source	28	ØN/A	spec	cialized processes, an	d HACCP plan					
11	☑ÍN □ OUT	Food obtained from approved source	30			cial Requirements: Fre	sh Juice Production					
12	OUT OUT	Food received at proper temperature		DN/A D N/C	0		- Todadalon					
10	ON/A ON/O	Food in good condition, cote and unadultanted	31	□IN □OU		cial Requirements: Hea	at Treatment Dispensing Freezers					
13	DIN DOUT	Food in good condition, safe, and unadulterated										
14	□ IN □ OUT □ N/A □ N/O	Required records available: shellstock tags, parasite destruction	32		O Spec	cial Requirements: Cus	stom Processing					
1000	Γ_4	Protection from Contamination	33	OIN OU	l Snac	cial Requirements: Bull	k Water Machine Criteria					
15,	□ N/A □ OUT □ N/A □ N/O	Food separated and protected		DN/A D N/O	0 1							
16	D'IN DOUT	Food-contact surfaces: cleaned and sanitized	34				dified White Rice Preparation					
17	DÍN □ OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food	35	□/N □ OU	JT Critic	cal Control Point Inspe	ction					
1111	Time/Tempe	rature Controlled for Safety Food (TCS food)	NOTES	□IN □ OU								
	□ IN □ OUT		36	□N/A	Proc	ess Review						
18	□N/A □ N/O	Proper cooking time and temperatures										
19	□ IN □ OUT □N/A □ N/O	Proper reheating procedures for hot holding	37	□ IN □ OU □N/A	Varia	ance	- Account					
20	□ IN □ OUT □N/A □ N/O	Proper cooling time and temperatures		Risk factors are food preparation practices and employee behaviors								
21	□1N □ OUT □N/A □ N/O	Proper hot holding temperatures Example 1995 - 175 F	fc	that are identified as the most significant contributing factors to foodborne illness.								
22	DIN FLOUT FINA	Proper cold holding temperatures		Public health interventions are control measures to prevent foodborne illness or injury.								

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Name of Facility	ar-Peirce Dining	Type of Inspection Date									
1 Selloson Colla	ge rolla Janing		DIA MAGNETICE T	17 17400							
GOOD RETAIL PRACTICES											
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.											
		l=in compliance OUT=not in compliance N/O=not observed N/A=not applicable									
38	Safe Food and Water Pasteurized eggs used where required	Utensils, Equipment and Vending 54 DIN DOUT Food and nonfood-contact surfaces cleanable, properly									
39 IN OUT N/A	Water and ice from approved source	Warewashing facilities: installed, mainta									
Fo	od Temperature Control	55 IN I OUT	Strips	. '							
40 IN OUT ON/A N/O	Proper cooling methods used; adequate equipment for temperature control	56 ☑ IN ☐ OUT	56 ☑ IN □ OUT Nonfood-contact surfaces clean Physical Facilities								
41 IN OUT ONA ONO	Plant food properly cooked for hot holding	57 🗹 IN 🗆 OUT	□N/A Hot and cold water available; ac	dequate pressure							
42 IN OUT ON/A N/O	Approved thawing methods used	58 🗆 IN 🗆 OUT	Plumbing installed; proper back	Plumbing installed; proper backflow devices							
43 IN OUT ON/A	Thermometers provided and accurate	□N/A□N/O		9							
	Food Identification	59 ☑ IN ☐ OUT	□N/A Sewage and waste water properly	disposed							
44 □/IN □ OUT	Food properly labeled; original container	60 🗆 IN 🗆 OUT	□N/A Toilet facilities: properly constructe	ed, supplied, cleaned							
Preven	tion of Food Contamination	61 🗆 IN 🗆 OUT	□N/A Garbage/refuse properly disposed;	facilities maintained							
45 IN OUT	Insects, rodents, and animals not present/outer openings protected	62 IN OUT	Physical facilities installed, mainta outdoor dining areas	ined, and clean; dogs in							
46 IN I OUT	Contamination prevented during food preparation, storage & display	63 🛮 IN 🗆 OUT	Adequate ventilation and lighting;	designated areas used							
47	Personal cleanliness Wiping cloths: properly used and stored	64 ☑ IN ☐ OUT	□N/A Existing Equipment and Facilities								
49 IN I OUT IN/A I N/O	Washing fruits and vegetables		Administrati 1-TEMP 1	THERMOLABEL ®							
	Proper Use of Utensils		Square turn	160°F							
50 II II OUT IN/A II N/O	In-use utensils: properly stored	65 IN OUT	DN/A 901:3-4 OAC temperature is reached	e 71°C							
51 🗹 IN 🗆 OUT 🗆 N/A	Utensils, equipment and linens: properly stored, dried, handled	: properly stored, dried, 66 IN OUT IN/A 3701-21 OAC 1-TEMP THERMOLA Square turns									
52 NIN OUT NIA	Single-use/single-service articles: properly stored, used	'	black as temperature is reached	160°F 71°C							
53	Slash-resistant, cloth, and latex glove use Observations and C	Corrective Acti									
	Mark "X" in appropriate box for COS and R: COS=core										
Item No. Code Section Prior	ity Level Comment	n // d		COS R							
	* MONITOC 2 above	C50 CY 11	1 1 1								
	to verity product	04 411	OI I I I	Emal 0 0							
	at 41° f or below	EAUR	MAINT Maintains	700/1 0 0							
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	also reads tids "	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3	,00							
	Blue drum has been labeled in garbage room										
, , , , , , , , , , , , , , , , , , ,											
Person in Charge Date: 9/29/2020											
Sanitarian Kelly Bigas Licensor: KNDX											
PRIORITY LEVEL: C- CRITICAL NIC NON-CRITICAL											

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	10 · A.	Type of Inspection	Date	00
Kenyon College	reire Viana	<u> </u>	9/29/200	<u> 流</u>
T U	<u> </u>		' /	
	Observations and Corrective A	ctions (continued)		14
Mark "X"	in appropriate box for COS and R: COS=corrected on			
Item No. Code Section Priority Level	Comment		cos	
\	CCP Positives			
	Observed hound sinks	STUCKED COME disabsact	10 0	
	CHONES OVESEAL.	New P		
		Α		
W)	Hot hadding acceptable	e at time et insaction	Sb7 0	
	Cold holdlike - Endure	Baverryse Hir Waright	10 0	
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	And copline Pusto	in Source Elan A 100 1	rejell 0	
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Person in Charge:	Chu Wisher	Date: 9/2	9/2020	
Sanitarian:	During Paporis	h Licensor:	PH	
1 100	1		- ; ;	

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

HEA 5351 Ohio Department of Health (6/18) AGR 1268 Cont. Ohio Department of Agriculture (6/18)