

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility AL'S WOODY'S, LLC	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 376	Date 01/16/2020
Address 9 N. WOOD ST.	City/State/Zip Code WAPAKONETA OH 45895		
License holder ALLISON DUBOIS	Inspection Time 75	Travel Time 5	Category/Descriptive COMMERCIAL CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) //	Water sample date/result (if 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	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>	
Proper use of restriction and exclusion		26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		<b>Chemical</b>	
<b>Good Hygienic Practices</b>		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Approved Source</b>		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<p><b>Risk Factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p>	
Food separated and protected			
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Food-contact surfaces: cleaned and sanitized			
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooking time and temperatures			
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

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Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> AL'S WOODY'S, LLC	<b>Type of Inspection</b> sta ccp	<b>Date</b> 01/16/2020
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## 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	
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Pasteurized eggs used where required		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Plant food properly cooked for hot holding		Hot and cold water available; adequate pressure	
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved thawing methods used		Plumbing installed; proper backflow devices	
43	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Thermometers provided and accurate		Sewage and waste water properly disposed	
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Food properly labeled; original container		61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Garbage/refuse properly disposed; facilities maintained	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	901:3-4 OAC	
Washing fruits and vegetables		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	
51	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use	

## Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: **COS** = corrected on-site during inspection **R** = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		CCP: Reviewed the changes to the employee health requirements in the 2019 food code.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		CCP: Reviewed and observed employee food handling practices and date marking requirements.  SEE ITEM 15. EMPLOYEES NEED TO COVER ITEMS BACK UP WHEN THE LUNCH RUSH HOUR IS OVER.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		CCP: Reviewed hot and cold hold temperatures, cooking temperatures and their cooling process and requirements.  EMPLOYEES NEED TO STIR THE PRODUCTS BEING HELD HOT IN THE STEAM TABLE BY THE GRILL TO MAINTAIN A CONSISTENT TEMPERATURE THROUGHOUT THE FOOD.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		CCP: Reviewed the importance of inspecting shipments when they are received and requirements for receiving temperatures and integrity of packages.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		CCP: Reviewed proper chemical labeling and storage requirements.  SEE ITEM 28	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(B)(2)(h)	C	Demonstration of Knowledge - Describing the relationship between the prevention of foodborne illness and the management and control of the following: Cross contamination; Hand contact with ready-to-eat foods; Handwashing; and Maintaining the food service operation or retail food establishment in a clean condition and in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
1	3717-1-02.4(B)(2)(i)	C	Demonstration of Knowledge - Explaining the relationship between food safety and providing equipment that is: Sufficient in number and capacity; and Properly designed, constructed, located, installed, operated, maintained, and cleaned.	<input type="checkbox"/>	<input type="checkbox"/>
6	3717-1-02.3(A)	NC	Food contamination prevention - eating, drinking, or using tobacco.  Uncovered drinking cup was observed sitting on the salad prep cooler in the kitchen,	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> KENT MARTZ      RS/SIT# 2937	<b>Date</b> 01/16/2020
<b>Sanitarian</b> KENT MARTZ      RS/SIT# 2937	<b>Licensor:</b> Auglaize County Health Department

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL  
As per HEA 5302B The Baldwin Group, Inc. (10/19)  
As per AGR 1268 The Baldwin Group, Inc. (10/19)

# State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility AL'S WOODY'S, LLC			Type of Inspection sta ccp	Date 01/16/2020	
<b>Observations and Corrective Actions (continued)</b>					
Mark "X" in appropriate box for COS and R: <b>COS</b> = corrected on-site during inspection <b>R</b> = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			CUP WAS REMOVED DURING THE INSPECTION.		
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation.  Uncovered chicken, bacon and hard boiled eggs in the prep cooler on the cook line, wet batter, dry breading, wing sauces and uncooked french fries on cook line down by the fryers, uncovered container of flour on the dough roller and a roll of hamburger on the floor in the walk-in freezer. Working containers of food must be covered when not in continuous use to protect food from contamination.  ALL ITEMS WERE COVERED DURING THE INSPECTION.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21	3717-1-03.4(F)(1)(a)	C	Time/temperature controlled for safety food - hot holding.  Chili and cheese in the hot hold unit by the grill had temperatures of 128 degrees in the upper part. Once stirred the temperatures were 142 and 145 degrees. Minimum temperature for hot hold is 135 degrees to prevent the growth of pathogens.  EMPLOYEES NEED TO STIR THE PRODUCTS FREQUENTLY TO MAINTAIN A CONSISTENT TEMPERATURE THROUGHOUT THE FOOD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking.  Dressings and sauces in the reach-in cooler by the salad bar were not date marked. The items are transferred from the walk-in cooler. When transferred, the date mark must be carried through with the food item.  ITEMS WERE DATE MARKED DURING THE INSPECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07(B)	C	Poisonous or toxic materials: Working containers - common name.  Unlabeled spray bottle of orange liquid on the table across from the three compartment sink. When removed from the original container the working container must be labeled with the product name.  BOTTLE WAS LABELED DURING THE INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.1(Y)	NC	Temperature measuring devices.  Thermometer for monitoring ambient air temperature in the reach-in cooler by the salad bar could not be located.	<input type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.2(D)	NC	Food Storage Containers - Identified with Common Name of Food  Shaker containers in the facility are not labeled with the common name of the food.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46	3717-1-03.2(Y)	NC	Miscellaneous sources of contamination.  Box of light bulbs were sitting in pizza pans.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(A)	NC	Equipment and utensils - air-drying required.  Employee cleaning the slicer and food particles were falling on the shelf below where clean utensils were being stored.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(E)(2)	NC	Clean equipment and utensils stored in a self-draining position and covered or inverted.  The utensils in the containers stored on the shelf under the slicer are not stored inverted or covered, bowls on the shelf above the mop sink not stored inverted or covered.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54	3717-1-04(A)	C	Multiuse utensils and food contact surfaces - material characteristics  Two damaged spatulas were in the clean utensil containers stored under the slicer. These pose a physical hazard to food when used.  ITEMS WERE DISCARDED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.3(B)	NC	Fixed equipment installation - spacing or sealing.  The handwash sink and food prep sink need sealed to the wall.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency.  Dust build-up on the fan grates of the condenser in the walk-in cooler, on the outside of all cooking equipment, inside and outside the prep cooler and freezer on the cook line, in the lower section of the pizza oven,	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59	3717-1-05.3(C)	C	Sewage and Other Liquid Waste: Backflow prevention.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Person in Charge				Date 01/16/2020	
Sanitarian KENT MARTZ      RS/SIT# 2937			Licensor: Auglaize County Health Department		

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL  
As per HEA 5351 The Baldwin Group, Inc. (10/19)  
As per AGR 1268 The Baldwin Group, Inc. (10/19)

# State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility AL'S WOODY'S, LLC			Type of Inspection sta ccp		Date 01/16/2020	
<b>Observations and Corrective Actions (continued)</b>						
Mark "X" in appropriate box for COS and R: <b>COS</b> = corrected on-site during inspection <b>R</b> = repeat violation						
Item No.	Code Section	Priority Level	Comment	COS	R	
			Food prep sink not indirectly drained. A drain originating from equipment in which food, such as a culinary sink, shall contain an indirect connection as specified in the Ohio plumbing code.			
61	3717-1-05.4(B)	NC	Outdoor storage surface.  Dumpsters are not placed on a solid, non-absorbent surface such as concrete or asphalt.	<input type="checkbox"/>	<input type="checkbox"/>	
61	3717-1-05.4(O)	NC	Using drain plugs.  Drain plugs are not in the dumpsters.	<input type="checkbox"/>	<input type="checkbox"/>	
62	3717-1-06.4(A)	NC	Repairing.  Broken and cracked tile throughout the kitchen and behind the bar.	<input type="checkbox"/>	<input type="checkbox"/>	
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions.  Excess and dried build-up on the floor and in the grout lines of the floor, grease drips on the fire suppression lines of the hood, build-up on the wall and electrical equipment by the table the wing sauce is stored, and splatter and mold on the wall behind the three compartment sink .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Person in Charge			Date 01/16/2020	
Sanitarian KENT MARTZ                      RS/SIT# 2937		Licensor: Auglaize County Health Department		

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