# Food Inspection Report

**State of Ohio**

**Food Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

<table>
<thead>
<tr>
<th>Name of facility</th>
<th>Check one</th>
<th>License Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CROWN EQUIPMENT-BLDG 5-MKT C</td>
<td>☐ FSO ☒ RFE</td>
<td>569</td>
<td>03/26/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City/Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>620 W. MONROE ST.</td>
<td>NEW BREMEN 45869</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License holder</th>
<th>Inspection Time</th>
<th>Travel Time</th>
<th>Category/Descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVI FOODSYSTEMS INC.</td>
<td>15</td>
<td>15</td>
<td>COMMERCIAL CLASS 1 &lt;25,000 SQ. FT.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of inspection (check all that apply)</th>
<th>Follow-up date (if required)</th>
<th>Water sample date/result (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Standard ☐ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variance Review ☐ Follow Up</td>
<td>04/03/2019</td>
<td>/ /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</th>
</tr>
</thead>
</table>

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

#### Supervision

1. **IN OUT N/A** Person in charge present, demonstrates knowledge, and performs duties

2. **IN OUT N/A** Certified Food Protection Manager

3. **IN OUT N/A** Management, food employees and conditional employee, knowledge, responsibilities and reporting

4. **IN OUT N/A** Proper use of restriction and exclusion

5. **IN OUT N/A** Procedures for responding to vomiting and diarrheal events

#### Employee Health

6. **IN OUT N/O** Proper eating, tasting, drinking, or tobacco use

7. **IN OUT N/O** No discharge from eyes, nose, and mouth

8. **IN OUT N/O** Hands clean and properly washed

9. **IN OUT N/A N/O** No bare hand contact with ready-to-eat foods or approved alternate method properly followed

10. **IN OUT N/A N/O** Adequate handwashing facilities supplied & accessible

#### Good Hygienic Practices

11. **IN OUT** Food obtained from approved source

12. **IN OUT N/O** Food received at proper temperature

13. **IN OUT N/O** Food in good condition, safe, and unadulterated

14. **IN OUT N/A N/O** Required records available: shellstock tags, parasite destruction

#### Protection from Contamination

15. **IN OUT N/O** Food separated and protected

16. **IN OUT N/A N/O** Food-contact surfaces: cleaned and sanitized

17. **IN OUT** Proper disposition of returned, previously served, reconditioned, and unsafe food

#### Time/Temperature Controlled for Safety Food (TCS food)

18. **IN OUT N/A N/O** Proper cooking time and temperatures

19. **IN OUT N/A N/O** Proper reheating procedures for hot holding

20. **IN OUT N/A N/O** Proper cooling time and temperatures

21. **IN OUT N/A N/O** Proper hot holding temperatures

22. **IN OUT N/A** Proper cold holding temperatures

#### Critical Control Point Inspection

23. **IN OUT N/A N/O** Proper date marking and disposition

24. **IN OUT N/A N/O** Time as a public health control: procedures & records

#### Consumer Advisory

25. **IN OUT N/A** Consumer advisory provided for raw or undercooked foods

#### Highly Susceptible Populations

26. **IN OUT N/A** Pasteurized foods used; prohibited foods not offered

#### Chemical

27. **IN OUT N/A** Food additives: approved and properly used

28. **IN OUT N/A** Toxic substances properly identified, stored, used

#### Conformance with Approved Procedures

29. **IN OUT N/A** Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan

30. **IN OUT N/A N/O** Special Requirements: Fresh Juice Production

31. **IN OUT N/A N/O** Special Requirements: Heat Treatment Dispensing Freezers

32. **IN OUT N/A N/O** Special Requirements: Custom Processing

33. **IN OUT N/A N/O** Special Requirements: Bulk Water Machine Criteria

34. **IN OUT N/A N/O** Special Requirements: Acidified White Rice Preparation Criteria

35. **IN OUT N/A** Critical Control Point Inspection

36. **IN OUT N/A** Process Review

37. **IN OUT N/A** Variance

### Risk Factors

- Food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

### Public Health Interventions

- Control measures to prevent foodborne illness or injury.
### Observations and Corrective Actions

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Code Section</th>
<th>Priority Level</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>3717-1.04.1(1L)</td>
<td>C</td>
<td>Micro market display-automatic shutoff. The reach in freezer had a piece of debris jammed into the latching mechanism of the shutoff which was preventing it from functioning. Please remove the debris and ensure the shutoff works as designed. A reinspection will be performed.</td>
</tr>
</tbody>
</table>

**Person in Charge**

**Date**: 03/26/2019

**Sanitarian**

CHRISt MILLER  RS/SIT# 3139

**License**: Auglaize County Health Department

**PRIORITY LEVEL**: C=CRITICAL  NC = NON-CRITICAL

As per HEA 5302B  The Baldwin Group, Inc. (7/18)

As per AGR 1268  The Baldwin Group, Inc. (7/18)