**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>FOOD BY LISH, LLC</td>
<td>FSO</td>
<td>493</td>
<td>01/09/2020</td>
</tr>
</tbody>
</table>

**Address**

525 DEFIANCE RD.

**City/State/Zip Code**

ST. MARYS OH 45885

**License holder**

ALICIA LUCK

<table>
<thead>
<tr>
<th>Inspection Time</th>
<th>Travel Time</th>
<th>Follow-up date (if required)</th>
<th>Water sample date/result (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>15</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

**Type of inspection (check all that apply)**

- [x] Standard
- [x] Critical Control Point (FSO)
- [ ] Process Review (RFE)
- [ ] Variance Review
- [x] Follow Up
- [ ] Foodborne
- [ ] 30 Day
- [ ] Complaint
- [ ] Pre-licensing
- [ ] Consultation

**Follow-up date**

[ ] 01/09/2020

**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

<table>
<thead>
<tr>
<th>Supervision</th>
<th>1</th>
<th>IN</th>
<th>OUT</th>
<th>N/A</th>
<th>Person in charge present, demonstrates knowledge, and performs duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>IN</td>
<td>OUT</td>
<td>N/A</td>
<td>Certified Food Protection Manager</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>IN</td>
<td>OUT</td>
<td>N/A</td>
<td>Management, food employees and conditional employees; knowledge, responsibilities and reporting</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>IN</td>
<td>OUT</td>
<td>N/A</td>
<td>Proper use of restriction and exclusion</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>IN</td>
<td>OUT</td>
<td>N/A</td>
<td>Procedures for responding to vomiting and diarrheal events</td>
<td></td>
</tr>
</tbody>
</table>

### Good Hygienic Practices

<table>
<thead>
<tr>
<th>Preventing Contamination by Hands</th>
<th>6</th>
<th>IN</th>
<th>OUT</th>
<th>N/O</th>
<th>Proper eating, tasting, drinking, or tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>IN</td>
<td>OUT</td>
<td>N/O</td>
<td>No discharge from eyes, nose, and mouth</td>
<td></td>
</tr>
</tbody>
</table>

### Employee Health

<table>
<thead>
<tr>
<th>Time/Temperature Controlled for Safety Food (TCS food)</th>
<th>23</th>
<th>IN</th>
<th>OUT</th>
<th>N/A</th>
<th>Proper date marking and disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>IN</td>
<td>OUT</td>
<td>N/A</td>
<td>No</td>
<td>Time as a public health control: procedures &amp; records</td>
</tr>
</tbody>
</table>

### Consumer Advisory

| Highly Susceptible Populations | 25 | IN | OUT | N/A | Consumer advisory provided for raw or undercooked foods |

### Conformance with Approved Procedures

<table>
<thead>
<tr>
<th>Conformance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan</th>
<th>29</th>
<th>IN</th>
<th>OUT</th>
<th>N/A</th>
<th>Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan</th>
</tr>
</thead>
</table>

### Chemically

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

### Toxic substances properly identified, stored, used

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

### 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.

---

As per HEA 5302A The Baldwin Group, Inc. (10/19)
As per AGR 1268 The Baldwin Group, Inc. (10/19)
# Food Inspection Report

**Authority:** Chapters 3717 and 3715 Ohio Revised Code

**Name of Facility**

FOOD BY LISH, LLC

**Date**

01/09/2020

## 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

- **38** IN OUT N/A N/O
  - Pasteurized eggs used where required
- **39** IN OUT N/A
  - Water and ice from approved source

### Food Temperature Control

- **40** IN OUT N/A N/O
  - Proper cooling methods used; adequate equipment for temperature control
- **41** IN OUT N/A N/O
  - Plant food properly cooked for hot holding
- **42** IN OUT N/A N/O
  - Approved thawing methods used

### Food Identification

- **43** IN OUT
  - Food properly labeled; original container

### Prevention of Food Contamination

- **45** IN OUT
  - Insects, rodents, and animals not present/outer openings protected
- **46** IN OUT
  - Contamination prevented during food preparation, storage & display
- **47** IN OUT N/A
  - Personal cleanliness
- **48** IN OUT N/A N/O
  - Wiping cloths: properly used and stored
- **49** IN OUT N/A N/O
  - Washing fruits and vegetables

### Proper Use of Utensils

- **50** IN OUT N/A N/O
  - In-use utensils: properly stored
- **51** IN OUT N/A
  - Utensils, equipment and linens: properly stored, dried, handled
- **52** IN OUT N/A
  - Single-use/single-service articles: properly stored, used
- **53** IN OUT N/A N/O
  - Slash-resistant, cloth, and latex glove use

### Utensils, Equipment and Vending

- **54** IN OUT
  - Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
- **55** IN OUT N/A
  - Warewashing facilities: installed, maintained, used; test strips
- **56** IN OUT
  - Nonfood-contact surfaces clean

### Physical Facilities

- **57** IN OUT N/A
  - Hot and cold water available; adequate pressure
- **58** IN OUT
  - Plumbing installed; proper backflow devices
- **59** IN OUT N/A
  - Sewage and waste water properly disposed
- **60** IN OUT N/A N/O
  - Toilet facilities: properly constructed, supplied, cleaned
- **61** IN OUT N/A N/O
  - Garbage/refuse properly disposed; facilities maintained
- **62** IN OUT N/A N/O
  - Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
- **63** IN OUT
  - Adequate ventilation and lighting; designated areas used
- **64** IN OUT N/A N/O
  - Existing Equipment and Facilities

### Administrative

- **65** IN OUT N/A
  - 901:3-4 OAC
- **66** IN OUT N/A
  - 3701-21 OAC

---

### Observations and Corrective Actions

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

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Code Section</th>
<th>Priority Level</th>
<th>Comment/ Obs</th>
<th>COS</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Custom Comment # 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No violations observed during the inspection. No food preparation during the inspection.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Person in Charge**

KENT MARTZ

**Date**

01/09/2020

**Sanitarian**

RS/SIT# 2937

**Licensor:**

Auglaize County Health Department