### Food Inspection Report

**Name of facility**: JOINT TWP DIST MEMORIAL HOSPITAL  
**Address**: 200 ST. CLAIR ST.  
**License holder**: JOINT TWP DIST MEMORIAL HOSPITAL  
**City/State/Zip Code**: ST. MARYS OH 45885  
**License Number**: 66  
**Date**: 01/17/2020

<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>OUT</td>
<td>OUT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type of inspection (check all that apply)**  
- Critical Control Point (FSC)  
- Process Review (RFE)  
- Variance Review  
- Pre-licensing  
- Consultation

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### 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>Time/Temperature Controlled for Safety Food (TCS food)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 IN OUT N/A</td>
<td>Person in charge present, demonstrates knowledge, and performs duties</td>
</tr>
<tr>
<td>2 IN OUT N/A</td>
<td>Certified Food Protection Manager</td>
</tr>
</tbody>
</table>

#### Employee Health

| 3 IN OUT N/A | Management, food employees and conditional employees; 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 |

#### Good Hygienic Practices

| 6 IN OUT N/O | Proper eating, tasting, drinking, or tobacco use |
| 7 IN OUT N/O | No discharge from eyes, nose, and mouth |

#### Preventing Contamination by Hands

| 8 IN OUT N/O | Hands clean and properly washed |
| 9 IN OUT N/A | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |
| 10 IN OUT N/A | Adequate handwashing facilities supplied & accessible |

#### Approved Source

| 11 IN OUT | Food obtained from approved source |
| 12 IN OUT | Food received at proper temperature |
| 13 IN OUT | Food in good condition, safe, and unadulterated |
| 14 IN N/A N/O | Required records available: shellstock tags, parasite destruction |

#### Protection from Contamination

| 15 IN OUT N/A | Food separated and protected |
| 16 IN OUT N/A | Food-contact surfaces: cleaned and sanitized |
| 17 IN OUT | Proper disposal of returned, previously served, reconditioned, and unsafe food |

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

| 18 IN N/O | Proper cooking time and temperatures |
| 19 IN N/O | Proper reheating procedures for hot holding |
| 20 IN N/O | Proper cooling time and temperatures |
| 21 IN N/O | Proper hot holding temperatures |
| 22 IN OUT N/A | Proper cold holding temperatures |

### 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.
State of Ohio
Food Inspection Report
Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility
JOINT TWP DIST MEMORIAL HOSPITAL

Type of Inspection
sta ccp
Date
01/17/2020

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 [X] IN [ ] OUT [ ] N/A [ ] N/O Pasteurized eggs used where required
39 [X] IN [ ] OUT [ ] N/A [ ] N/O Water and ice from approved source

Food Temperature Control

40 [X] IN [ ] OUT [ ] N/A [ ] N/O Proper cooling methods used; adequate equipment for temperature control
41 [X] IN [ ] OUT [ ] N/O [ ] N/A Plant food properly cooked for hot holding
42 [X] IN [ ] OUT [ ] N/O [ ] N/A Approved thawing methods used
43 [X] IN [ ] OUT [ ] N/A [ ] N/O Thermometers provided and accurate

Food Identification

44 [X] IN [ ] OUT [ ] N/A [ ] N/O Food properly labeled; original container

Prevention of Food Contamination

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

Proper Use of Utensils

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

Utensils, Equipment and Vending

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

Physical Facilities

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

Observations and Corrective Actions

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

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<thead>
<tr>
<th>Item No.</th>
<th>Code Section</th>
<th>Priority Level</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>3717-1-03.2(K)</td>
<td>NC</td>
<td>CCP: Reviewed the changes to the employee health requirements in the 2019 food code.</td>
</tr>
<tr>
<td>51</td>
<td>3717-1-04.8(E)(2)</td>
<td>NC</td>
<td>Clean equipment and utensils stored in a self-draining position and covered or inverted.</td>
</tr>
<tr>
<td>56</td>
<td>3717-1-04.5(D)</td>
<td>NC</td>
<td>Nonfood-contact surfaces - cleaning frequency.</td>
</tr>
<tr>
<td>62</td>
<td>3717-1-06.4(B)</td>
<td>NC</td>
<td>Cleaning - frequency and restrictions.</td>
</tr>
</tbody>
</table>

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

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
01/17/2020

Page 2 of 3
## Observations and Corrective Actions (continued)

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

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<tr>
<td></td>
<td></td>
<td></td>
<td>Build-up in on the wall and the yellow gas line on the cook line, litter is on the walk-in freezer floor and lime and dirt build-up on the floor and wall under the dish washer.</td>
</tr>
</tbody>
</table>

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