

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility LAGRANDE PIZZA	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 82	Date 01/10/2020
Address 16 S. BLACKHOOF ST.	City/State/Zip Code WAPAKONETA OH 45895		
License holder CARL E. SERR	Inspection Time 75	Travel Time 5	Category/Descriptive COMMERCIAL CLASS 3 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input 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	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input checked="" type="checkbox"/> IN <input 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	
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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	Highly Susceptible Populations	
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		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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
Approved Source		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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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	
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
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			
Proper cooking time and temperatures			
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooling time and temperatures			
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures			
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cold holding temperatures			
22	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		

State of Ohio Food Inspection Report

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Name of Facility LAGRANDE PIZZA	Type of Inspection sta	Date 01/10/2020
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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		56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Nonfood-contact surfaces clean	
Proper cooling methods used; adequate equipment for temperature control		Physical Facilities	
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
Approved thawing methods used		<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
43	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Plumbing installed; proper backflow devices	
Thermometers provided and accurate		59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage and waste water properly disposed	
Food properly labeled; original container		61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Toilet facilities: properly constructed, supplied, cleaned	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Insects, rodents, and animals not present/outer openings protected		<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
Contamination prevented during food preparation, storage & display		63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate ventilation and lighting; designated areas used	
Personal cleanliness		64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Existing Equipment and Facilities	
Wiping cloths: properly used and stored		Administrative	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Washing fruits and vegetables		901:3-4 OAC	
Proper Use of Utensils		66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3701-21 OAC	
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
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding. Wet batter sitting on the table by the fryers not under temperature control. Time/temperature controlled for safety (TCS) food must be held under refrigeration at a temperature of 41 degrees or below or hot held at a minimum temperature of 135 degrees. PRODUCT WAS DISCARDED AND THE FACILITY WILL START USING AN ICE BATH TO MAINTAIN PROPER TEMPERATURE.	<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. Diced ham, sub ham and bologna in the Sun Ice reach-in cooler. When opened, a bag or container of ready to eat, time/temperature controlled for safety (TCS) food must be dated with the date the product must be used by or discarded. The expiration date placed on the product is 6 days from the day the food was prepared or opened. EMPLOYEES KNEW WHEN THE ITEMS WERE OPENED AND SLICED AND DATED THEM.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07.1(A)	C	Poisonous or toxic materials - Storage: separation. Observed chemicals stored next to bacon bits on the black plastic shelves next to the slushy machine. Chemicals must be stored below food or in a separate area away from food. CHEMICALS WERE MOVED TO AN AREA AWAY FROM FOOD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07.1(M)	NC	Medicines - restrictions and storage. Observed medication stored on the shelf above the microwave and work table.	<input type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.1(Y)	NC	Temperature measuring devices.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge KENT MARTZ RS/SIT# 2937	Date 01/10/2020
Sanitarian KENT MARTZ RS/SIT# 2937	Licensor: 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 LAGRANDE PIZZA		Type of Inspection sta	Date 01/10/2020		
Observations and Corrective Actions (continued)					
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
			The beer cooler at the bar area does not have a thermometer for monitoring ambient air temperature.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - preventing contamination from the premises. Beer cases are stored on the floor in the walk in cooler, several boxes of food on the floor in the walk-in freezer,	<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. Clean utensils stored upright in a container on the pizza cutting table.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04(I)	NC	Nonfood-contact surfaces - materials. The table the slushy and margarita machines are sitting on is rusty and no longer smooth or easily cleanable. Cardboard is placed on the shelf of the pizza cutting table. Anything that is absorbant cannot be used as shelf covers.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)(1)	NC	Equipment - good repair and proper adjustment. Ice has built-up around the condenser in the walk-in freezer and had thawed and dripped onto closed boxes of food. This needs to be checked and repaired if needed to prevent possible contamination of food products. Until fixed, food shall not be stored under the condenser or the areas where ice is building up.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)(2)	NC	Equipment components kept intact, tight, and adjusted The door on the homestyle freezer in the back room has rusted through. This unit must be replaced.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. Build-up is on the black plastic rack by the slush machine, on the handles and outside of the slushy machine, around the nozzle and outside of the margarita machine, dirt and dust on the table the slushy and margarita machines is sitting on. Food particles inside the Sun Ice reach-in cooler and the Argus reach-in freezer, on the outside of the fryers, in the pizza crust and bread cooler, on the shelves across from the bread cooler and on the racks to the right of the bread cooler and on the pizza cutting table and shelf. Dirt build-up in the pizza reach-in cooler by the employee walk through door, on the kettle of the pop corn machine, and on the fan grates and the back side of the condenser on the air fins in the walk-in cooler and freezer.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(D)	NC	Receptacles. Dumpster is rusted through.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(O)	NC	Using drain plugs. Drain plug is not installed in the dumpster.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. The corner of the wall behind the ice machine is damaged.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. Dust build-up in both exhaust hoods. Mold growing at the juncture of the prewash sink and the wall, food splatter on the wall behind the dishwasher and on the wall over the prewash sink and the food prep sink and on the wall under the dishwasher. Paper/plastic and cardboard on the floor in the walk-in cooler and freezer.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.2(K)	NC	Dressing areas and lockers - designation. Employee coats/purses laying on storage racks on food products in the back room.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge		Date 01/10/2020
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)