

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility WAL-MART #3300	Check one <input type="radio"/> FSO <input checked="" type="radio"/> RFE	License Number 340	Date 02/08/2019
Address 1257 BELLEFONTAINE ST.	City/Zip Code WAPAKONETA 45895		
License holder WAL-MART STORES EAST, LP	Inspection Time 85	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="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A
Management, food employees and conditional employee; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> 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="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> 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="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	33	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	34	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	35	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	36	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> 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="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food-contact surfaces: cleaned and sanitized			
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cooking time and temperatures			
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooling time and temperatures			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper cold holding temperatures			

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility WAL-MART #3300	Type of Inspection sta	Date 02/08/2019
---	----------------------------------	---------------------------

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 type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Pasteurized eggs used where required	54
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	<input type="radio"/> IN <input checked="" type="radio"/> OUT
Food Temperature Control		Physical Facilities	
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling methods used; adequate equipment for temperature control	55
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used	56
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Thermometers provided and accurate	<input checked="" type="radio"/> IN <input type="radio"/> OUT
Food Identification		Administrative	
44	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Food properly labeled; original container	65
Prevention of Food Contamination		Administrative	
45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, and animals not present/outer openings protected	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	901-3-4 OAC
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	66
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Wiping cloths: properly used and stored	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Washing fruits and vegetables	3701-21 OAC
Proper Use of Utensils			
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	In-use utensils: properly stored	
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Slash-resistant and cloth 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
44	3717-1-03.2(D)	NC	Food storage containers - identified with common name of food. Icing container was not labeled at common name. Labeled to correct	<input checked="" type="radio"/>	<input type="radio"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage Meat bags are stored on the floor in the meat room. Corrected by moving to cart.	<input checked="" type="radio"/>	<input type="radio"/>
54	3717-1-04.1(KK)	NC	Food equipment - certification and classification. Pails of icing are stored on a piece of metal that is not 6" off floor to allow cleaning.	<input checked="" type="radio"/>	<input type="radio"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. Frozen food walk-in is dirty.	<input checked="" type="radio"/>	<input type="radio"/>

Person in Charge AARON LONGSWORTH RS/SIT# 3034	Date 02/08/2019
Sanitarian AARON LONGSWORTH RS/SIT# 3034	Licensors: 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)