### Name of Facility
WAYNE STREET BAR & GRILL INC.

### Check one
- [X] FSO
- [ ] RFE

### License Number
44

### Date
06/08/2020

<table>
<thead>
<tr>
<th>Inspection Time</th>
<th>Travel Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUT</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>IN</td>
</tr>
</tbody>
</table>

#### Compliance Status

<table>
<thead>
<tr>
<th>Type of Inspection (check all that apply)</th>
<th>In/Out</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td></td>
<td></td>
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<tr>
<td>Critical Control Point (FSC)</td>
<td></td>
<td></td>
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<tr>
<td>Process Review (RFE)</td>
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<tr>
<td>Variance Review</td>
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<tr>
<td>Follow Up</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Foodborne Standard</th>
<th>In</th>
<th>Out</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Control Point (FSC)</td>
<td></td>
<td></td>
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<tr>
<td>Process Review (RFE)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Food Not In Compliance</th>
<th>In</th>
<th>Out</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Travel Time</th>
<th>In</th>
<th>Out</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

#### 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

### Supervision

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

2. [X] IN  [ ] OUT  N/A Certified Food Protection Manager

### Employee Health

3. [ ] IN  [X] OUT  N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting

4. [X] IN  [ ] OUT  N/A Proper use of restriction and exclusion

5. [X] IN  [ ] OUT  N/A Procedures for responding to vomiting and diarrheal events

### Good Hygienic Practices

6. [ ] IN  [X] OUT  N/O Proper eating, tasting, drinking, or tobacco use

7. [X] IN  [ ] OUT  N/O No discharge from eyes, nose, and mouth

### Preventing Contamination by Hands

8. [ ] IN  [X] OUT  N/O Hands clean and properly washed

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

10. [X] IN  [ ] OUT  N/O Adequate handwashing facilities supplied & accessible

### Approved Source

11. [X] IN  [ ] OUT  Food obtained from approved source

12. [X] IN  [ ] OUT  Food received at proper temperature

13. [X] IN  [ ] OUT  Food in good condition, safe, and unadulterated

14. [X] IN  [ ] OUT  N/O Required records available: shellstock tags, parasite destruction

### Protection from Contamination

15. [X] IN  [ ] OUT  N/O Food separated and protected

16. [X] IN  [ ] OUT  N/O Food-contact surfaces: cleaned and sanitized

17. [X] IN  [ ] OUT  Proper disposition of returned, previously served, reconditioned, and unsafe food

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

18. [X] IN  [ ] OUT  N/O Proper cooking time and temperatures

19. [X] IN  [ ] OUT  N/O Proper reheating procedures for hot holding

20. [X] IN  [ ] OUT  N/O Proper cooling time and temperatures

21. [X] IN  [ ] OUT  N/A Proper hot holding temperatures

22. [X] IN  [ ] OUT  N/A Proper cold holding temperatures

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

- Proper date marking and disposition
- Time as a public health control: procedures & records

### Consumer Advisory

- Consumer advisory provided for raw or undercooked foods

### Highly Susceptible Populations

- Pasteurized foods used; prohibited foods not offered

### Chemical

- Food additives: approved and properly used
- Food additives: approved and properly used

### Conformance with Approved Procedures

- Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
- Special Requirements: Fresh Juice Production
- Special Requirements: Heat Treatment Dispensing Freezers
- Special Requirements: Custom Processing
- Critical Control Point Inspection
- Process Review

### 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
WAYNE STREET BAR & GRILL INC.

Type of Inspection
sta

Date
06/08/2020

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 N/A N/O Thermometers provided and accurate

Food and nonfood-contact surfaces cleanable, properly stored, used

Utensils, Equipment and Vending

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

Physical Facilities

57 IN OUT N/A N/O Hot and cold water available; adequate pressure
58 IN OUT N/A N/O Plumbing installed; proper backflow devices
59 IN OUT N/A N/O 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 N/A N/O Adequate ventilation and lighting; designated areas used
64 IN OUT N/A N/O Existing ventilation and lighting; designated areas used

Administrative

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

Item No. Code Section Priority Level Comment COS R

Comment/Obs Business has a sign on door. "Closed until can do full service".

Person in Charge
AARON LONGSWORTH
Date
06/08/2020

Sanitarian
RS/SIT# 3034

Licensor:
Auglaize County Health Department

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL

As per AGR 1268 The Baldwin Group, Inc. (11/19)