

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility GALLIA COUNTY COUNCIL ON AGING	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 20200150	Date 04/09/2020
Address P.O. BOX 441, 1165 ST RT. 160	City/State/Zip Code GALLIPOLIS OH 45631		
License holder GALLIA COUNTY SENIOR CENTER	Inspection Time 0	Travel Time 10	Category/Descriptive COMMERCIAL CLASS 4 S 25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" 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	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Proper date marking and disposition
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Time as a public health control: procedures & records
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Consumer advisory provided for raw or undercooked foods
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>	
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Pasteurized foods used; prohibited foods not offered
<b>Good Hygienic Practices</b>		<b>Chemical</b>	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Food additives: approved and properly used
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Toxic substances properly identified, stored, used
<b>Preventing Contamination by Hands</b>		<b>Conformance with Approved Procedures</b>	
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Fresh Juice Production
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Heat Treatment Dispensing Freezers
<b>Approved Source</b>		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Custom Processing
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Bulk Water Machine Criteria
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Acidified White Rice Preparation Criteria
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Critical Control Point Inspection
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Process Review
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Variance
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<p><b>Risk Factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p>	
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT		
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> GALLIA COUNTY COUNCIL ON AGING	<b>Type of Inspection</b> sta ccp	<b>Date</b> 04/09/2020
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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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		Administrative	
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
Prevention of Food Contamination			
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	61 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	62 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input 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
	Comment/ Obs		Attempted inspection. Closed due to COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 04/09/2020
<b>Sanitarian</b> JOSH SHERWOOD      RS/SIT# 3613	<b>Licensors:</b> GALLIA COUNTY GENERAL HEALTH DISTRICT