

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |   |                                    |   |
|--|---|------------------------------------|---|
| Name of facility<br>SOUTH GALLIA HIGH SCHOOL   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br>20200075         | Date<br>05/05/2020  |
| Address<br>55 REBEL DRIVE  | City/State/Zip Code<br>CROWN CITY OH 45623  |                                    |   |
| License holder<br>JUDE MEYERS  | Inspection Time<br>0  | Travel Time<br>25                  | Category/Descriptive<br>COMMERCIAL CLASS 4 S 25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><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<br><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)<br>// | Water sample date/result (if required)<br>//                |

## 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<br><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<br><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<br><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<br><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<br><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<br><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<br><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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><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<br><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<br><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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/A   Critical Control Point Inspection  |
| 14  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A   Process Review  |
| <b>Protection from Contamination</b>                          |   | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   Variance   |
| 15  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 22  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |  |   |

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|   |                                      |                           |
|---|--------------------------------------|---------------------------|
| <b>Name of Facility</b><br>SOUTH GALLIA HIGH SCHOOL | <b>Type of Inspection</b><br>sta ccp | <b>Date</b><br>05/05/2020 |
|---|--------------------------------------|---------------------------|

## 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              |  | Utensils, Equipment and Vending   |  |
|----------------------------------|--|---|--|
| 38                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Pasturized eggs used where required                                     |  |
| 39                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Water and ice from approved source                                      |  |
| 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 | 54 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used   |
| 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                              | 55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Warewashing facilities: installed, maintained, used; test strips   |
| 42                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Approved thawing methods used   | 56 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br>Nonfood-contact surfaces clean  |
| 43                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Thermometers provided and accurate                                      |  |
| Food Identification              |  | Administrative  |  |
| 44                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT   | Food properly labeled; original container                               | 57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Hot and cold water available; adequate pressure  |
| Prevention of Food Contamination |  |   |  |
| 45                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT   | Insects, rodents, and animals not present/outer openings protected      | 58 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Plumbing installed; proper backflow devices  |
| 46                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT   | Contamination prevented during food preparation, storage & display      | 59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Sewage and waste water properly disposed   |
| 47                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness  | 60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Toilet facilities: properly constructed, supplied, cleaned   |
| 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                                 | 61 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Garbage/refuse properly disposed; facilities maintained  |
| 49                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Washing fruits and vegetables   | 62 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Physical facilities installed, maintained, and clean; dogs in outdoor dining areas |
| 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  | 63 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br>Adequate ventilation and lighting; designated areas used  |
| 51                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Utensils, equipment and linens: properly stored, dried, handled         | 64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Existing Equipment and Facilities  |
| 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                             | 65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>901:3-4 OAC   |
|                                  |  |   | 66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>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 |                | Attempted inspection. Closed due to COVID-19. | <input type="checkbox"/> | <input type="checkbox"/> |

|  |   |
|--|---|
| <b>Person in Charge</b><br>B. SHAMBLIN               | <b>Date</b><br>05/05/2020                                 |
| <b>Sanitarian</b><br>JOSH SHERWOOD      RS/SIT# 3613 | <b>Licensor:</b><br>GALLIA COUNTY GENERAL HEALTH DISTRICT |