

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility The Avenue Tavern Grille		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number 409	Date 1/18/19
Address 4041 Pleasant Ave., Ham. Htn OH		Category/Descriptive Class 3 ≤ 25Kft²		
License holder Cornell Gehrlich, LLC		Inspection time (min) 75	Travel time (min) 15	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Precicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>		Follow-up date (if required)		Sample date/result (if required)

3717-1 OAC Violation Checked

Management and Personnel

<input type="checkbox"/>	2.1 Employee health
<input type="checkbox"/>	2.2 Personal cleanliness
<input type="checkbox"/>	2.3 Hygienic practices
<input checked="" type="checkbox"/>	2.4 Supervision

<input type="checkbox"/>	4.4 Maintenance and operation
<input checked="" type="checkbox"/>	4.5 Cleaning of equipment and utensils
<input type="checkbox"/>	4.6 Sanitizing of equipment and utensils
<input type="checkbox"/>	4.7 Laundering
<input type="checkbox"/>	4.8 Protection of clean items

Poisonous or Toxic Materials

<input type="checkbox"/>	7.0 Labeling and identification
<input type="checkbox"/>	7.1 Operational supplies and applications
<input type="checkbox"/>	7.2 Storage and display separation

Food

<input type="checkbox"/>	3.0 Safe, unadulterated and honestly presented
<input type="checkbox"/>	3.1 Sources, specifications and original containers
<input type="checkbox"/>	3.2 Protection from contamination after receiving
<input type="checkbox"/>	3.3 Destruction of organisms
<input type="checkbox"/>	3.4 Limitation of growth of organisms
<input type="checkbox"/>	3.5 Identity, presentation, on premises labeling
<input type="checkbox"/>	3.6 Discarding or reconditioning unsafe, adulterated
<input type="checkbox"/>	3.7 Special requirements for highly susceptible populations

Water, Plumbing, and Waste

<input type="checkbox"/>	5.0 Water
<input type="checkbox"/>	5.1 Plumbing system
<input type="checkbox"/>	5.2 Mobile water tanks
<input type="checkbox"/>	5.3 Sewage, other liquid waste and rainwater
<input type="checkbox"/>	5.4 Refuse, recyclables, and returnables

Special Requirements

<input type="checkbox"/>	8.0 Fresh juice production
<input type="checkbox"/>	8.1 Heat treatment dispensing freezers
<input type="checkbox"/>	8.2 Custom processing
<input type="checkbox"/>	8.3 Bulk water machine criteria
<input type="checkbox"/>	8.4 Acidified white rice preparation criteria
<input type="checkbox"/>	9.0 Facility layout and equipment specifications
<input type="checkbox"/>	20 Existing facilities and equipment

Equipment, Utensils, and Linens

<input type="checkbox"/>	4.0 Materials for construction and repair
<input type="checkbox"/>	4.1 Design and construction
<input type="checkbox"/>	4.2 Numbers and capacities
<input type="checkbox"/>	4.3 Location and installation

Physical Facilities

<input type="checkbox"/>	6.0 Materials for construction and repair
<input checked="" type="checkbox"/>	6.1 Design, construction, and installation
<input type="checkbox"/>	6.2 Numbers and capacities
<input type="checkbox"/>	6.3 Location and placement
<input checked="" type="checkbox"/>	6.4 Maintenance and operation

Administrative

<input type="checkbox"/>	901-3-4 OAC
<input type="checkbox"/>	3701-21 OAC

Violation(s)/Comment(s)

non-critical violations R-repeat

2.4 Member of management team or above shall obtain Ohio Department of Health's ^(ODH) Level II Certification. Kitchen manager Sherrice K Gaiser is taking class/test March 13, 2019. Ensure obtain Level II Certification in Food Safety from ODH after receiving Servsafe / servsafe equivalent certificate.

4.5 Vents above pizza oven in need of more frequent / thorough cleaning to remove / prevent buildup.

6.1 Storage shed outside storing food equipment in need of painting / sealing shelves inside to allow for easily cleanable surface inside. Bar Manager stated shelves sealed w/ clear wood sealed cork.

Inspected by Cassie McCreze RS	R.S./SIT # 2357	Licensors Ham. Htns. Ctl. 785-7062
Received by Melina J. Heald	Title Manager	Phone 513-857-5959

State of Ohio
Continuation Report

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Violation(s)/Comment(s)

6.2 Provide hand washing soap at hand washing sink at bar area. This is to allow for adequate handwashing facil. Log^{supplies} to ensure proper handwashing. correct

6.4 Observed stained ceiling tiles on ceiling inside the furnace room at back office area. Necessary to repair/replace to provide smooth/ clean surface.

NOTE: Lid to dumpster is opened. Owner stated dumpster is new and no one is able to reach it to close it. Necessary to keep dumpster doors/lids closed when not in use to prevent pest attraction.

NOTE: Operation provided copy of employee illness/stomach bug policy for review upon request during inspection.

Inspected by <i>Camille Thibault</i>	R.S./SIT # <i>2357</i>	Licenser <i>Hamilton City</i>
Received by <i>William F. Heald</i>	Title <i>Manager</i>	Phone <i>513-857-5959</i>