

**State of Ohio**  
**Standard Inspection Report**  
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>The Drink Tavern</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>402</i>	Date <i>1/9/18</i>
Address <i>238 Hensel Place, Hamilton OH 45011</i>		Category/Descriptive <i>Class 3-25000sf</i>	
License holder <i>The Drink Tavern LLC</i>	Inspection time (min) <i>40 min</i>	Travel time (min) <i>10 min</i>	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"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>		Follow-up date (if required) <i>—</i>	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 type="checkbox"/> 2.4 Supervision

<input type="checkbox"/> 4.4 Maintenance and operation
<input 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

**Physical Facilities**

<input type="checkbox"/> 6.0 Materials for construction and repair
<input 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

**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

**Violation(s)/Comment(s)**

*non-critical*

*1st Entry/exit doors found with air gaps at the bottom; possible entry of rodents/insects; remove daylight/ provide weatherstripping*

*1st Floor walkway in the walk-in cooler - clean. Physical facilities must be kept clean. Corrected.*

*Note: Employee health notice, monitoring / direction clean up procedure, and layer II certification for food handlers.*

*OK: Cooking ribs and chicken fingers cooking, then reheating individually*

Inspected by <i>Armonica N. (neek) Holtz</i>	R.S./SIT # <i>2156</i>	Licenser <i>Kampellon City 17857021</i>
Received by <i>Jan E Page</i>	Title <i>Booster</i>	Phone <i>(513) 550-4341</i>