

# State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Art Spirits LLC</b>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <b>312</b>	Date <b>1/5/2018</b>
Address <b>101 S. Monument Ave Hamilton OH 45011</b>		Category/Descriptive <b>Class 3 &lt; 25000 sf</b>		
License holder <b>Art Spirits LLC</b>		Inspection time (min) <b>60 min</b>	Travel time (min) <b>15 min</b>	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 specify		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

#### 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

#### Equipment, Utensils, and Linens

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

<input checked="" 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

#### 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

#### 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

#### Poisonous or Toxic Materials

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

#### 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

#### Administrative

<input type="checkbox"/>	901.3-4 OAC
<input type="checkbox"/>	3701-21 OAC

Ⓢ = Repeat violation

#### Violation(s)/Comment(s)

\* Critical \*

*	7.1 Observed medicine for acid reflux in the cabinet with food product, stirrers - move. not allowed, must be separated. Moved by person in charge. Corrected.
*	2.4 Employee health policy not in a verifiable manner; obtain. Corrected by person in charge. Non-critical
	2.4 Level II certification required for one person with supervisory duties - was required by 3/1/17. Ⓢ Note: under new management - currently taking serve safe class.
	4.2 Irreversible registering thermometer/temperature indicator not available - obtain - required. Ⓢ

Inspected by <b>Jessica N. Creech-Harris</b>	R.S./SIT # <b>2756</b>	Licenser <b>Hamilton City 17051081</b>
Received by <b>[Signature]</b>	Title <b>Events Manager</b>	Phone <b>513-863-8873</b>

State of Ohio  
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility Art Spirits	Type of visit Standard	Date 11/5/2018
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Violation(s)/Comment(s)

- 4.2 No test strips available for sanitizer; obtain to verify strength.
- 4.5 No sanitizer available for the 3 tub sinks - obtain using the dishwasher (which is working)
- 4.4 Beer coolers are malfunctioning - not holding proper temperature - repair; must be in good repair.
- 6.4 Wall found not smooth and easily cleanable by wall cabinet - fix/repair; physical facilities must be in good repair.

Note: vomiting/diarrhea cleanup procedure is available.

Inspected by Jennifer A. [Signature]	R.S./SIT # 2156	Licensors Hamilton City 785-7001
Received by Joseph [Signature]	Title Events Manager	Phone 513-863-8873