

State of Ohio
Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility The Village Inn	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number 287	Date 1/23/18
Address 447 N. Second St. Hamilton OH 45011	Category/Descriptive Class 3 x 25,000 sq ft		
License holder Beverly Burke	Inspection time (min) 60 MIN	Travel time (min) 10 MIN	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

<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 checked="" 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 checked="" 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

901:3-4 OAC
3701-21 OAC

Equipment, Utensils, and Linens

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

Ⓡ = Repeat violation

Violation(s)/Comment(s)

** Critical **

* 2.4 Employee health policy not available in a verifiable manner - required. Discussed with person in charge (PIC) corrected.

* 7.1 Toxic chemicals found stored in the closet hanging on the shelf in way that could spray on Reynolds wrap and plates and cause a toxic contamination - *more*. Corrected.

NON-CRITICAL

3.4 Level II certification is required for mc. person with supervision duties - obtain - was required by 3/1/17. Ⓡ

4.1 Observed non-commercial equipment in operation; crock pots, slicer, freezer;

Inspected by Annice A. Creech	R.S./SIT # 2752	Licensor Hamilton City / 7851009
Received by Bruce D. Alms	Title CO OWNER	Phone 894-XXXX

State of Ohio
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility The Village Inn	Type of visit standard	Date 11/23/18
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Violation(s)/Comment(s)

etc - move, not approved for use: Only commercial equipment.
5.1 Plumbing leaking from the hand sink - repair; plumbing system must be maintained. Corrected.
4.5 Equipment unclear; prep table shelf - clean; must be kept clean to sight and touch.
5.4 Grease trap found unclear; rodent/insect attraction - clean. Corrected.
6.4 Wall found damaged at floor/wall juncture under the 3 tub sink - repair - physical facilities not maintained as required.

Note: mop sink not available

Inspected by Jonna N. Caroch	R.S./SIT # 27520	Licenser Hamilton City 785 7001
Received by [Signature]	Title	Phone 874-14104