

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Save-A-Lot #345		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number 190	Date 2/2/19
Address 2320 Dixie Hwy Hamilton, OH		Category/Descriptive Class 3 ≤ 25Kft²		
License holder Houcken Food Group		Inspection time (min) 60	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"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>		Follow-up date (if required) 2/6/19		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 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 checked="" 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 checked="" 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 violation R - repeat violation

2.4 One member of management team or above should obtain Level II Food Certification from the Ohio Department of Health (ODH). Senssafe training or equivalent must be taken prior to Level II Certification. Provided operator a list of training providers. Personell to obtain certification by April 1, 2019 to avoid an administrative hearing.

5.1 Toilet (one of two) in women's employee restroom is currently out of order. Toilet in men's restroom is without handle to flush / back of toilet removed. Strong smell of sewer gas in restroom. Repair / replace inoperable plumbing fixtures to have plumbing in good repair.

Inspected by Cammie McBrown RS	R.S./SIT # 2357	Licenser Hamilton City
Received by [Signature]	Title STORE MANAGER	Phone

State of Ohio
Continuation Report

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Name of Facility Save - A - Lot # 345	Type of visit std	Date 2/2/15
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Violation(s)/Comment(s)

6.2 provide handwashing soap at the handwashing sink near the produce preparation area. This is to provide adequate hand washing supplies to allow for frequent + proper hand washing. Corrected during inspection.

6.4 Observed several ceiling tiles near door to the back storage area with stains/water stains. Necessary to refinish/replace to provide smooth/clean surfaces throughout operation.

NOTE: operation to provide copies of employee illness and Stomach Bug cleanup policies for review during inspection. Provided Template to store manager for review and implementation.

Inspected by Cammie Mikrone RS	R.S./SIT # 2357	Licenser Hamilton City
Received by [Signature]	Title STORE MANAGER	Phone