

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Pure Gold Lodge		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number 56	Date 1/19/18
Address 526 S. Front St. Hamilton OH 45011			Category/Descriptive Class 2 < 25000 sf	
License holder Pure Gold IBPOE of W Lodge #591		Inspection time (min) 35 min	Travel time (min) 5 min	Other
Type of visit (check) <input type="checkbox"/> Standard <input checked="" 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 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 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 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)

non-critical

4.1 Non commercial equipment found in the operation; Amana refrigerator/freezer; not approved for use - must be removed/replaced with commercial NSF approved equipment by 10/20/18 Ⓢ

5.1 Plumbing system not being maintained - 3 tub sink in the kitchen is leaking Ⓢ - repair/must be maintained.

6.4 Floor damaged in the bar area - repair - physical facilities must be maintained

Note: The kitchen floor has been repaired - the bar floors scheduled for repair on 1/22/18. Will check for correction on next inspection.

Inspected by Donna A. Check	R.S./SIT # 2156	Licensors Hamilton City 1785-7081
Received by Michael L. Hagan	Title Enrolled Ruler	Phone 513-557-9927