

# Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Chester Pizza Base</b>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number <b>159</b>	Date <b>2/19/18</b>
Address <b>2929 Dixie Hwy, Ham., OH 45014</b>	Category/Descriptive <b>C3525KF12</b>	License holder <b>Nick Dadebo</b>	Inspection time (min) <b>60</b>
Type of Visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint	<input type="checkbox"/> Follow up <input type="checkbox"/> Prelicensing	<input type="checkbox"/> Foodborne <input type="checkbox"/> Consultation	<input type="checkbox"/> 30 day <input type="checkbox"/> Other specify
Travel time (min) <b>15</b>	Follow-up date (if required)	Other	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 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

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

non-critical violation noted R-repeat

2.4 Several employees are seen safe certified but do not yet have Level II certification from the Ohio Department of Health (ODH). Provided owner/operator with ODH Level II reciprocity form to apply for Level II Certificates. <sup>Matthew Wynn # 1494 3747 exp</sup>

5.1 observed a plumbing leak at the 3-comp sink. Necessary to repair plumbing leak to provide plumbing in good repair. #14/22

6.4 observed few stained/bowed ceiling tiles in women's employee restroom. Repair/replace to provide smooth clean surface.

Inspected by <b>Cammie Matthews RS</b>	R.S./SIT # <b>2357</b>	Licensors <b>Hamilton C.h</b>
Received by <b>Nick Dadebo</b>	Title <b>Owner</b>	Phone <b>892-1973</b>

State of Ohio  
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility Chester Pizza Base	Type of visit std.	Date 2/19/18
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Violation(s)/Comment(s) R- repeat

R 6.4 Flooring throughout the bakery area in need of replacing. Currently warping/bubbling and in need of more frequent/thoroughly cleaning.

R 4.5 Equipment in the bakery area such as floor mixers in need of more frequent/thorough cleaning to remove and prevent build up.

R 4.1 Observed large - non commercial reach in chest freezer in back storage room. Necessary to replace with commercial equipment or remove.

NOTES: operation was employee illness/stomach Bug Policy available for review during inspection.

Inspected by Cammie Metcove RS	R.S./SIT # 2357	Licenser Hamilton City
Received by Nick Padabo	Title owner	Phone 892-1973