

# State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <b>Subway</b>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <b>411</b>	Date <b>6/18/18</b>
Address <b>1021 High St. Hamilton OH 45011</b>			Category/Descriptive <b>Class 4 - 25,000 sf</b>	
License holder <b>Bhaqya Laxmi Subway Inc.</b>		Inspection time (min) <b>40 min</b>	Travel time (min) <b>10 min</b>	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"/> Precicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other specify		Follow-up date (if required) <b>6/19/18</b>		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 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 type="checkbox"/>	4.5	Cleaning of equipment and utensils
<input type="checkbox"/>	4.6	Sanitizing of equipment and utensils
<input type="checkbox"/>	4.7	Laundrying
<input type="checkbox"/>	4.8	Protection of clean items

#### 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

#### 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 type="checkbox"/>	6.4	Maintenance and operation

#### 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

#### 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

**\* Critical \***

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

**\* 5.1** Ice machine / beverage station at the self serve counter is not indirect as required; the lines extend into the floor drain - possible back-flow contamination; fix-repair. Correction required by 6/19/18.

Non-critical

**2.4** Level II certification not available for one person with supervisory duties - obtain; was required by 3/1/17. Correction required by 7/16/18.

**4.4** Walk-in freezer has ice build-up - repair - equipment must be maintained.

Note: All other violations from 6/14/18 have been corrected. Also delivered

Inspected by <b>Annica N. Creech Stephens</b>	R.S./SIT # <b>2756</b>	Licenser <b>Hamilton City 1785-7001</b>
Received by <b>Harry Patel</b>	Title <b>owner</b>	Phone <b>513-896-5353</b>

State of Ohio  
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Facility name Subway	Type of inspection follow-up - 6/18/18
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Violation(s)/Comment(s)

notice of administration hearing on 7/12/18 - served personal service to owner.

Inspected by Amanda N. Creech	R.S./SIT # 2756	Licenser Hamilton City 1785.7081
Received by Harry Aety	Title owner	Phone 513-896-5343