

State of Ohio

Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Lindenwald Baseball	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number 258	Date 6/18/18
Address 40 Joe Nuxhall Way, Ham. Htn, OH 45015	Category/Descriptive Class 3 ≤ 250 FT		
License holder Walter A. Brunner, Treasurer	Inspection time (min) 30	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 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 checked="" 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 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)

R-repeat

NOTE: operates April / Mid July M-F 5:30-8:30pm. Weekends Sat 10:30-4pm (Sundays as scheduled)

-violations noted on previous inspection 4/27/18 corrected with the exception of:

R 5.1 Provide Hot water at public restrooms for proper handwash

2.4 Member of Management Team or above shall obtain Level II Food Safety Training Certification (obtain Seneca Certification prior to) Provided operator with list of providers of Level II training

-Observed Employee Health / stomach bug policy during inspection

Inspected by Cammie McKeone RS	R.S./SIT # 2357	Licensors Ham. Htn Cb 785-7062
Received by Julie Conrad	Title President	Phone 513-295-1501