

# State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Karen's Pizzeria</i>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>113</i>	Date <i>6/7/18</i>
Address <i>1085 Eaton Ave Hamilton 45013</i>		Category/Descriptive <i>C3s</i>		
License holder <i>Karen Siegle Willis</i>		Inspection time (min) <i>40</i>	Travel time (min) <i>10</i>	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 type="checkbox"/> 2.3 Hygienic practices
<input type="checkbox"/> 2.4 Supervision

<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 Laundering
<input type="checkbox"/> 4.8 Protection of clean items

**Poisonous or Toxic Materials**

<input checked="" 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 checked="" 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 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 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)**

*\* critical*

*\* 7.0) Sanitizer squirt bottle not labeled. All chemical containers must clearly be labeled to identify the contents inside. Corrected.*

*~ Non-critical ~*

*4.4) True single door refrigerator light not operational. Repair or replace.*

*3.2) Wet wiping cloth sitting out on table while not in use. Store wet wiping cloths in sanitizer while not in use to help prevent the growth of bacteria.*

*6.4) Caulk the 3 compartment sink to the wall.*

Inspected by <i>R. James Moore, BS</i>	R.S./SIT # <i>2878</i>	Licensor <i>Hamilton City</i>	Phone <i>785-7098</i>
Received by <i>Karen Willis</i>	Title <i>owner</i>	Phone <i>737-8111</i>	