

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Circle K # 5217		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number 179	Date 8/9/19
Address 2166 Pleasant Ave., Ham, OH 450		Category/Descriptive C3E 25Kf+2		
License holder MAC'S Convenience Stores, LLC		Inspection time (min) 60	Travel time (min) 15	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint		Follow-up date (if required)		Sample date/result (if required)
<input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>				

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	Laundrying
<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 checked="" 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)

non-critical violations

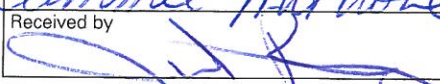
4.4 Reach in ice cream freezer currently empty of food and out of order. Repair/replace or remove inoperable equipment to provide equipment in good working order. Manager stated work order is in place.

5.1 Public/private restroom toilet is out of order. Repair to provide plumbing fixtures in good working order.

6.2 Provide hand soap at hand sink in back kitchen room area.

-NOTE: operation has Employee Health Policy / Stomach Bug policy available upon request.

NOTE: Manager Julie Perry has Ohio Department of Health Level II Certificate in Food Protection 7/6/16 #RCAE-ABLNSZ

Inspected by Camille M. Malone, RS	R.S./SIT # 2357	Licenser Hamilton City
Received by 	Title Manager	Phone 513-808-7481