

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Little Caesar's Pizza</i>		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number <i>244</i>	Date <i>8-30-18</i>
Address <i>1301 A Main St.</i>		Category/Descriptive <i>C 4 Small</i>		
License holder <i>Jimmy Asmer</i>		Inspection time (min) <i>30</i>	Travel time (min) <i>20</i>	Other
Type of visit (check) <input checked="" 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"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>		Follow-up date (if required) <i>9-5-18</i>		Sample date/result (if required) <i>9-28-18 Certification</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 checked="" type="checkbox"/> 2.4	Supervision

<input checked="" type="checkbox"/> 4.4	Maintenance and operation
<input checked="" 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 checked="" 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 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

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

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

Violation(s)/Comment(s)

4.4 Pizza prep cooler working on top and holding approximately 41°F. No food in the bottom of the unit. Repair must be completed. Freezer not in use and part on order.

2.4 Level II Food Safety Certification required.

4.4 Caster of prep cooler in poor repair.

6.4 Areas of the floor need cleaning.

4.5 Build up on floor of walkway.

Inspected by <i>A. Thomas RS</i>	R.S./SIT # <i>2902</i>	Licensors <i>CHHD 785-7088</i>
Received by <i>Jana Mowhouse</i>	Title <i>Shift leader</i>	Phone <i>513 895-2222</i>