

State of Ohio

Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Hamilton Say Soccer</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>133</i>	Date <i>8/21/18</i>
Address <i>180 Forest Lake Ln</i>	Category/Descriptive <i>C3 ≤ 25K ft²</i>		
License holder <i>Charles Gaynor</i>	Inspection time (min) <i>45</i>	Travel time (min) <i>15</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 checked="" 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 checked="" type="checkbox"/>	4.1 Design and construction
<input type="checkbox"/>	4.2 Numbers and capacities
<input type="checkbox"/>	4.3 Location and installation

<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

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

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

*Hours - Sat 8-1
T+TH 5:30-7:30*

Violation(s)/Comment(s)

*NOTE: All equipment on premises is commercial with the exception of a reach in freezer ^{Ammana} and chest freezer (Frigidaire).
non-critical*

4.1 Replace non-commercial equipment (freezers) with commercial equipment. Operator stated will replace ^{Chest} reach in freezers within year.

2.4 Necessary for one member of management above to obtain ODH Level II certification. Schedule training within 30 days.

2.3 Provide Hair restraint for food employees to prevent possible contamination of food.

operation has employee health/stomach bug policy available for review

Inspected by <i>Carmine Milbrone AS</i>	R.S./SIT # <i>2357</i>	Licensors <i>Hamilton City</i>
Received by <i>Barbara J. ...</i>	Title <i>President</i>	Phone