

State of Ohio

Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility Shrihan Inc. DBA Hamilton QuickStop		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License number 315	Date 8/15/18
Address 2200 Fairgrove Ave Hamilton OH 45011		Category/Descriptive Class 3 - 25000 sf		
License holder Chalma K. Maadaadi (Shrihan Inc.)		Inspection time (min) 60 min	Travel time (min) 15 min	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Complaint		<input type="checkbox"/> Follow up <input type="checkbox"/> Prelicensing	<input type="checkbox"/> Foodborne <input type="checkbox"/> Consultation	<input type="checkbox"/> 30 day <input type="checkbox"/> Other <i>specify</i>
			Follow-up date (if required) 8/17/18	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	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 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 checked="" type="checkbox"/>	4.0	Materials for construction and repair
<input checked="" type="checkbox"/>	4.1	Design and construction
<input checked="" 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 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)

** Critical **

* 4.2 Probe thermometer broken - replace/repair; must obtain to verify internal food temperatures. (0-320°F) Correction required by 8/17/18.

Non-critical

4.1 Non-commercial equipment observed in establishment - Black and Decker Toaster - remove; replace with commercial, NSF approved equipment.

4.4 Equipment malfunctioning; deli case leaking water - repair; must be in good repair.

Note: employee health policy is available in a verifiable manner, vomiting/diarrhea clean up procedure, and level II certification for Priscilla Calvillo

Inspected by Jannice N. Creech RN	(R.S.)/SIT # 2756	Licensors Hamilton City 1783-7061
Received by Susan Phillips	Title Clerk	Phone 868-6115