

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility CYO CONCESSION	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number 103	Date 8/23/18
Address 45 Forest Lake Ln., Hamilton, OH 45015		Category/Descriptive C 3 ≤ 25K ft²	
License holder PAUL YOUNG, U.P.	Inspection time (min) 45	Travel time (min) 15	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 <i>specify</i>		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 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 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 checked="" 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

upcoming schedule:

TH Sept 6 5pm PM
 TH Sept 13 5pm PM
 TH Sep 20 5:30 M
 TH Oct. 11th 5pm

Violation(s)/Comment(s) *non-critical violation*

<p>2.4 One member of management Team or above shall obtain Ohio Department of Health Level II Certification in Food Protection Training - Obtain ServSafe Certification / or equivalent prior/as prerequisite for Level II.</p> <p>6.4 Necessary to clean public /employee restrooms / fixtures to provide clean facilities</p> <p>- observed employee health /stomach bug policy available for review during inspection.</p>	<p><i>non-critical violation</i></p>
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Inspected by <i>Camille McFruone</i>	R.S./SIT # 2357	Licensor Hamilton City
Received by <i>Paul Young</i>	Title Operator	Phone (513) 390 5788