

**State of Ohio**  
**Food Inspection Report**  
 Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |                              |  |
|---|---|------------------------------|--|
| Name of facility<br><i>Chelsea's Road Food</i>  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><i>1</i>   | Date<br><i>3-2-22</i>                  |
| Address<br><i>42721a Darwin Rd.</i>   | City/State/Zip Code<br><i>Shade OH 45776</i>                                      |                              |  |
| License holder<br><i>Chelsea Hindenach</i>  | Inspection Time<br><i>4:0</i>   | Travel Time<br><i>25</i>     | Category/Descriptive<br><i>Mobile</i>  |
| Type of Inspection (check all that apply)<br><input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up<br><input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation |   | Follow up date (if required) | Water sample date/result (if required) |

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

| Compliance Status  |  | Compliance Status   |  |
|--|--|---|--|
| <b>Supervision</b>   |  | <b>Time/Temperature Controlled for Safety Food (TCS food)</b> |  |
| 1  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 23  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Person in charge present, demonstrates knowledge, and performs duties  |  | Proper date marking and disposition                           |  |
| 2  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                 | 24  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |
| Certified Food Protection Manager  |  | Time as a public health control: procedures & records         |  |
| <b>Employee Health</b>   |  | <b>Consumer Advisory</b>                                      |  |
| 3  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 25  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| Management, food employees and conditional employees; knowledge, responsibilities and reporting  |  | Consumer advisory provided for raw or undercooked foods       |  |
| 4  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | <b>Highly Susceptible Populations</b>                         |  |
| Proper use of restriction and exclusion  |  | 26  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 5  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Pasteurized foods used; prohibited foods not offered          |  |
| Procedures for responding to vomiting and diarrheal events   |  | <b>Chemical</b>   |  |
| <b>Good Hygienic Practices</b>   |  | 27  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| 6  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | Food additives: approved and properly used                    |  |
| Proper eating, tasting, drinking, or tobacco use   |  | 28  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| 7  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | Toxic substances properly identified, stored, used            |  |
| No discharge from eyes, nose, and mouth  |  | <b>Conformance with Approved Procedures</b>                   |  |
| <b>Preventing Contamination by Hands</b>   |  | 29  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| 8  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | X   |  |
| Hands clean and properly washed  |  |   |  |
| 9  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |   |  |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed  |  |   |  |
| 10   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |   |  |
| Adequate handwashing facilities supplied & accessible  |  |   |  |
| <b>Approved Source</b>   |  |   |  |
| 11   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  |   |  |
| Food obtained from approved source   |  |   |  |
| 12   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |   |  |
| Food received at proper temperature  |  |   |  |
| 13   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  |   |  |
| Food in good condition, safe, and unadulterated  |  |   |  |
| 14   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |   |  |
| Required records available: shellstock tags, parasite destruction  |  |   |  |
| <b>Protection from Contamination</b>   |  |   |  |
| 15   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |   |  |
| Food separated and protected   |  |   |  |
| 16   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |   |  |
| Food-contact surfaces: cleaned and sanitized   |  |   |  |
| 17   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  |   |  |
| Proper disposition of returned, previously served, reconditioned, and unsafe food  |  |   |  |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b>  |  |   |  |
| 18   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |   |  |
| Proper cooking time and temperatures   |  |   |  |
| 19   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |   |  |
| Proper reheating procedures for hot holding  |  |   |  |
| 20   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |   |  |
| Proper cooling time and temperatures   |  |   |  |
| 21   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |   |  |
| Proper hot holding temperatures  |  |   |  |
| 22   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |   |  |
| Proper cold holding temperatures   |  |   |  |
| <b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness. |  |   |  |
| <b>Public health interventions</b> are control measures to prevent foodborne illness or injury.  |  |   |  |

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |                                       |                       |
|--|---------------------------------------|-----------------------|
| Name of Facility<br><i>Chelsea's Real Food</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>3-2-22</i> |
|--|---------------------------------------|-----------------------|

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN**=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

| Safe Food and Water   |   | Utensils, Equipment and Vending   |   |
|---|---|---|---|
| 38  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 54  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   |
| Pasteurized eggs used where required                                    |   | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |   |
| 39  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 55  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Water and ice from approved source                                      |   | Warewashing facilities: installed, maintained, used; test strips                      |   |
| Food Temperature Control  |   |   |   |
| 40  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 56  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   |
| Proper cooling methods used; adequate equipment for temperature control |   | Nonfood-contact surfaces clean  |   |
| Physical Facilities   |   |   |   |
| 41  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 57  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Plant food properly cooked for hot holding                              |   | Hot and cold water available; adequate pressure                                       |   |
| 42  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 58  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Approved thawing methods used   |   | Plumbing installed; proper backflow devices   |   |
| 43  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 59  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Thermometers provided and accurate                                      |   | Sewage and waste water properly disposed  |   |
| Food Identification   |   |   |   |
| 44  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 60  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| Food properly labeled; original container                               |   | Toilet facilities: properly constructed, supplied, cleaned                            |   |
| Prevention of Food Contamination  |   |   |   |
| 45  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 61  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Insects, rodents, and animals not present/outer openings protected      |   | Garbage/refuse properly disposed; facilities maintained                               |   |
| 46  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 62  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Contamination prevented during food preparation, storage & display      |   | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |   |
| 47  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 63  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   |
| Personal cleanliness  |   | Adequate ventilation and lighting; designated areas used                              |   |
| 48  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 64  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Wiping cloths: properly used and stored                                 |   | Existing Equipment and Facilities   |   |
| 49  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |   |   |
| Washing fruits and vegetables   |   | Administrative  |   |
| Proper Use of Utensils  |   |   |   |
| 50  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 65  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| In-use utensils: properly stored  |   | 901:3-4 OAC   |   |
| 51  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 66  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Utensils, equipment and linens: properly stored, dried, handled         |   | 3701-21 OAC   |   |
| 52  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |   |   |
| Single-use/single-service articles: properly stored, used               |   |   |   |
| 53  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |   |   |
| Slash-resistant, cloth, and latex glove use                             |   |   |   |

## Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: **COS**=corrected on-site during inspection **R**=repeat violation

| Item No. | Code Section | Priority Level | Comment   | COS                      | R                        |
|----------|--------------|----------------|---|--------------------------|--------------------------|
|          |              |                | <i>No violations @ time of inspection</i>                           | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                | <i>* Sanitation test strips conducted, due to use a thermometer</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                                 |
|--|---------------------------------|
| Person in Charge<br><i>[Signature]</i> | Date:<br><i>3-2-22</i>          |
| Sanitarian<br><i>[Signature] 3768</i>  | Licensor:<br><i>[Signature]</i> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

Page 2 of 2