

# State of Ohio

## Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |   |                              |  |
|--|---|------------------------------|--|
| Name of facility<br><i>EZ-SQUIGZIS</i>   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><i>14</i>  | Date<br><i>4-29-77</i>                 |
| Address<br><i>45320 Young Rd.</i>  | City/State/Zip Code<br><i>Raone, OH 45771</i>                                     |                              |  |
| License holder<br><i>Barry O'Brien</i>   | Inspection Time<br><i>30</i>  | Travel Time<br><i>10</i>     | Category/Descriptive<br><i>Mobile</i>  |
| Type of Inspection (check all that apply)<br><input 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records    |
| <b>Employee Health</b>  |  | <b>Consumer Advisory</b>   |   |
| 3   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A 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>  |   |
| 5   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 26   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered                                  |
| <b>Good Hygienic Practices</b>                                |  | <b>Chemical</b>  |   |
| 6   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | 27   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A Food additives: approved and properly used  |
| 7   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | 28   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A Toxic substances properly identified, stored, used                                    |
| <b>Preventing Contamination by Hands</b>                      |  | <b>Conformance with Approved Procedures</b>  |   |
| 8   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 9   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production                        |
| 10  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers            |
| <b>Approved Source</b>  |  | 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing                             |
| 11  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria                   |
| 12  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria     |
| 13  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Critical Control Point Inspection                                   |
| 14  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O            | 36   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A Process Review  |
| <b>Protection from Contamination</b>                          |  | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A Variance   |
| 15  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | <p><b>Risk factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p> |   |
| 16  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 17  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  |  |   |
| <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 |  |   |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |   |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |   |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |   |
| 22  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                 |  |   |

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|                                       |                                       |                        |
|---------------------------------------|---------------------------------------|------------------------|
| Name of Facility<br><i>EZ Squeeze</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>1/29/22</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  |   | Physical Facilities   |   |
| 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  |   |
| 41  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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   |   | 60  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| 44  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Toilet facilities: properly constructed, supplied, cleaned                            |   |
| Food properly labeled; original container                               |   | 61  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Prevention of Food Contamination  |   | Garbage/refuse properly disposed; facilities maintained                               |   |
| 45  | <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 |
| Insects, rodents, and animals not present/outer openings protected      |   | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |   |
| 46  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 63  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   |
| Contamination prevented during food preparation, storage & display      |   | Adequate ventilation and lighting; designated areas used                              |   |
| 47  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 64  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Personal cleanliness  |   | Existing Equipment and Facilities   |   |
| 48  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Administrative  |   |
| Wiping cloths: properly used and stored                                 |   | 65  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| 49  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 901:3-4 OAC   |   |
| Washing fruits and vegetables   |   | 66  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Proper Use of Utensils  |   | 3701-21 OAC   |   |
| 50  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | In-use utensils: properly stored  |   |
| 51  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Utensils, equipment and linens: properly stored, dried, handled                       |   |
| 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 @ 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"/> |
|          |              |                |                                   | <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"/> |
|          |              |                |                                   | <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>1/29/22</i>          |
| Sanitarian<br><i>[Signature]</i>       | Licensors:<br><i>[Signature]</i> |