

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

Name of facility <i>Chelsea's Real Food</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1</i>	Date <i>6-7-2022</i>
Address <i>42726 Darwin Rd.</i>	City/State/Zip Code <i>Shade OH 45776</i>		
License holder <i>Chelsea Hindenach</i>	Inspection Time <i>40</i>	Travel Time <i>16</i>	Category/Descriptive <i>Mobile</i>
Type of Inspection (check all that apply) <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 <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**

**Supervision**

- 1  IN  OUT  N/A Person in charge present, demonstrates knowledge, and performs duties
- 2  IN  OUT  N/A Certified Food Protection Manager

**Employee Health**

- 3  IN  OUT  N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting
- 4  IN  OUT  N/A Proper use of restriction and exclusion
- 5  IN  OUT  N/A Procedures for responding to vomiting and diarrheal events

**Good Hygienic Practices**

- 6  IN  OUT  N/O Proper eating, tasting, drinking, or tobacco use
- 7  IN  OUT  N/O No discharge from eyes, nose, and mouth

**Preventing Contamination by Hands**

- 8  IN  OUT  N/O Hands clean and properly washed
- 9  IN  OUT  N/A  N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed
- 10  IN  OUT  N/A Adequate handwashing facilities supplied & accessible

**Approved Source**

- 11  IN  OUT Food obtained from approved source
- 12  IN  OUT  N/A  N/O Food received at proper temperature
- 13  IN  OUT Food in good condition, safe, and unadulterated
- 14  IN  OUT  N/A  N/O Required records available: shellstock tags, parasite destruction

**Protection from Contamination**

- 15  IN  OUT  N/A  N/O Food separated and protected
- 16  IN  OUT  N/A  N/O Food-contact surfaces: cleaned and sanitized
- 17  IN  OUT Proper disposition of returned, previously served, reconditioned, and unsafe food

**Time/Temperature Controlled for Safety Food (TCS food)**

- 18  IN  OUT  N/A  N/O Proper cooking time and temperatures
- 19  IN  OUT  N/A  N/O Proper reheating procedures for hot holding
- 20  IN  OUT  N/A  N/O Proper cooling time and temperatures
- 21  IN  OUT  N/A  N/O Proper hot holding temperatures
- 22  IN  OUT  N/A Proper cold holding temperatures

**Compliance Status**

**Time/Temperature Controlled for Safety Food (TCS food)**

- 23  IN  OUT  N/A  N/O Proper date marking and disposition
- 24  IN  OUT  N/A  N/O Time as a public health control: procedures & records

**Consumer Advisory**

- 25  IN  OUT  N/A Consumer advisory provided for raw or undercooked foods

**Highly Susceptible Populations**

- 26  IN  OUT  N/A Pasteurized foods used; prohibited foods not offered

**Chemical**

- 27  IN  OUT  N/A Food additives: approved and properly used
- 28  IN  OUT  N/A Toxic substances properly identified, stored, used

**Conformance with Approved Procedures**

- 29  IN  OUT  N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
- 30  IN  OUT  N/A  N/O Special Requirements: Fresh Juice Production
- 31  IN  OUT  N/A  N/O Special Requirements: Heat Treatment Dispensing Freezers
- 32  IN  OUT  N/A  N/O Special Requirements: Custom Processing
- 33  IN  OUT  N/A  N/O Special Requirements: Bulk Water Machine Criteria
- 34  IN  OUT  N/A  N/O Special Requirements: Acidified White Rice Preparation Criteria
- 35  IN  OUT  N/A Critical Control Point Inspection
- 36  IN  OUT  N/A Process Review
- 37  IN  OUT  N/A Variance

**Risk factors** are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

**Public health interventions** are control measures to prevent foodborne illness or injury.

# Food Inspection Report

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Name of Facility <i>Chelsea's Real Food</i>	Type of Inspection <i>Std.</i>	Date <i>6-7-2023</i>
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## 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" 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 checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
	Personal cleanliness		Existing Equipment and Facilities
48	<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		
	Single-use/single-service articles: properly stored, used		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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>54</i>	<i>9.8(F)</i>	<i>NC</i>	<i>Observed cups stored in cabinet under plumbing.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>56</i>	<i>4.5(D)</i>	<i>NC</i>	<i>Observed debris in bottoms of storage jars above cold prep table. Increase cleaning frequency</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>58</i>	<i>5.1(S)</i>	<i>NC</i>	<i>Observed discharge hose with a small leak. Needs repaired to ensure gray water is not discharged on to ground</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"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Dee W...</i>	Date: <i>6-7-2023</i>
Sanitarian <i>Elizabeth Fisher [HSIT] 22-4939</i>	Licenser: <i>Merys Co. Health Dept.</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL