

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

Name of facility <i>Smoked if You Guten</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>19</i>	Date <i>9/8/2023</i>
Address <i>776 Grant St.</i>	City/State/Zip Code <i>Middletown OH 45760</i>		
License holder <i>Amy Williams</i>	Inspection Time <i>60</i>	Travel Time <i>21</i>	Category/Descriptive <i>Misc</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) <i>9/9/2023</i>	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.

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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 type="checkbox"/> IN <input checked="" 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 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 type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved thawing methods used		Plumbing installed; proper backflow devices	
43	<input type="checkbox"/> IN <input checked="" 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 checked="" 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 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
11	3.1(A)	C	Observed trays of food items including side dishes + smoked meats being brought to the mobile by car that were already worn. Food items were found to have been prepared/reheated @ home. Food items were not brought into trailer + PIC took food home.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	4.2(A)	NC	Observed PIC could not locate food thermometer - a time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>
55	4.4(D)	NC	Observed debris accumulation + other items stored in 3-comp sink. Increase cleaning frequency to sinks are clean before utilizing.	<input type="checkbox"/>	<input type="checkbox"/>
56	4.5(D)	NC	Observed debris accumulation on surfaces of tables + equipment	<input type="checkbox"/>	<input type="checkbox"/>
62	6.4(W)	NC	Observed multiple unnecessary items stored below 3-comp sink, including a baby seat, making area hard to clean	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date: <i>9/8/2023</i>
Sanitarian <i>Elizabeth Fisher EHSIT22-7439</i>	Licensors: <i>Miss Co. Hen He Dept</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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