

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility FRIENDS COMMUNITY CENTER		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>154 AB</i>	Date 01/06/2017
Address: 1202 18TH STREET PORTSMOUTH, OH 45662		Category/Descriptive COMMERCIAL CLASS 3 <25		
License holder FRIENDS OF SOMC	Inspection Time (min) 60	Travel Time (min) 20	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 type="checkbox"/> 2.4 Supervision

Food

<input type="checkbox"/> 3.0 Safe, unadulterated and honestly presented
<input type="checkbox"/> 3.1 Sources, specification 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

Administration

<input type="checkbox"/> 901:3-4 OAC
<input type="checkbox"/> 3701-21 OAC

Violations/Comment(s)

Observed flaking/chipping paint on floor near warewashing machine drain.

3717-1-06.4 Physical facilities: maintenance and operation.

(A)Repairing.

The physical facilities shall be maintained in good repair.

Corrective Action: To prevent possible contamination, repair floor to be smooth, easily cleanable and nonabsorbent by next inspection.

Note: Discussed Level II Food Safety Certification, employee illness verification and written procedures for vomiting/diarrheal events.

Inspected by LOUIS BOERGER, R.S.	R.S./SIT # 3614	Licenser PCHD
Received by <i>Christina Schackert</i>	Title <i>Manager Friends of SOMC</i>	Phone 1-740-356-7101

As per HEA 5302 4/10 CHC Software, Inc.

As per AGR 1268 4/10 CHC Software, Inc.