

State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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|--|--|---|------------------------------------|----------------------------------|
| Name of facility Submakers North Inc. # 36682 | | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License number 249 | Date 4/26/16 |
| Address 1575 Coshocton Rd., Mt. Vernon | | | Category/Descriptive C35 | |
| License holder Chad Taylor | | Inspection time (min) 30 | Travel time (min) 5 | Other |
| Type of visit (check) <input type="checkbox"/> Standard <input checked="" 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 specify | | | Follow-up date (if required) | Sample date/result (if required) |

3717-1 OAC Violation Checked

Management and Personnel

| | |
|-----|----------------------|
| 2.1 | Employee health |
| 2.2 | Personal cleanliness |
| 2.3 | Hygienic practices |
| 2.4 | Supervision |

Food

| | |
|-----|---|
| 3.0 | Safe, unadulterated and honestly presented |
| 3.1 | Sources, specifications and original containers |
| 3.2 | Protection from contamination after receiving |
| 3.3 | Destruction of organisms |
| 3.4 | Limitation of growth of organisms |
| 3.5 | Identity, presentation, on premises labeling |
| 3.6 | Discarding or reconditioning unsafe, adulterated |
| 3.7 | Special requirements for highly susceptible populations |

Equipment, Utensils, and Linens

| | |
|-----|---------------------------------------|
| 4.0 | Materials for construction and repair |
| 4.1 | Design and construction |
| 4.2 | Numbers and capacities |
| 4.3 | Location and installation |

| | |
|-----|--------------------------------------|
| 4.4 | Maintenance and operation |
| 4.5 | Cleaning of equipment and utensils |
| 4.6 | Sanitizing of equipment and utensils |
| 4.7 | Laundering |
| 4.8 | Protection of clean items |

Water, Plumbing, and Waste

| | |
|-----|--|
| 5.0 | Water |
| 5.1 | Plumbing system |
| 5.2 | Mobile water tanks |
| 5.3 | Sewage, other liquid waste and rainwater |
| 5.4 | Refuse, recyclables, and returnables |

Physical Facilities

| | |
|-----|--|
| 6.0 | Materials for construction and repair |
| 6.1 | Design, construction, and installation |
| 6.2 | Numbers and capacities |
| 6.3 | Location and placement |
| 6.4 | Maintenance and operation |

Poisonous or Toxic Materials

| | |
|-----|---------------------------------------|
| 7.0 | Labeling and identification |
| 7.1 | Operational supplies and applications |
| 7.2 | Storage and display separation |

Special Requirements

| | |
|-----|--|
| 8.0 | Fresh juice production |
| 8.1 | Heat treatment dispensing freezers |
| 8.2 | Custom processing |
| 8.3 | Bulk water machine criteria |
| 8.4 | Acidified white rice preparation criteria |
| 9.0 | Facility layout and equipment specifications |
| 20 | Existing facilities and equipment |

Administrative

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|-------------|
| 901-3.4 OAC |
| 3701-21 OAC |

Violation(s)/Comment(s)

Re-inspection finds all previous violations have been corrected: Thank you

- Handsink is functional. Ensure a supply of paper towels
- Thermometer provided in walk-in and low bay refrigerator
- Observed water in bottom of low bay refrigerator. Unit has acceptable temperatures. Ensure unit is functioning properly; eliminate water.

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| Inspected by <i>Kelly R. Boyd</i> | R.S./SIT # 3458 | Licensor Knox Co. Health Dept. |
| Received by <i>William B. Shorman</i> | Title | Phone |