

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility TOWNEPLACE SUITES	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2023089	Date 07/17/2023
Address 420 FOLKERTH AVENUE	City/State/Zip Code SIDNEY OH 45365		
License holder SUNRISE HOSPITALITY INC.	Inspection Time 75	Travel Time 10	Category/Descriptive COMMERCIAL CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" 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																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center;">Supervision</th></tr> <tr><td>1</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties</td></tr> <tr><td>2</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager</td></tr> <tr><th colspan="2" style="text-align: center;">Employee Health</th></tr> <tr><td>3</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting</td></tr> <tr><td>4</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion</td></tr> <tr><td>5</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events</td></tr> <tr><th colspan="2" style="text-align: center;">Good Hygienic Practices</th></tr> <tr><td>6</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use</td></tr> <tr><td>7</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth</td></tr> <tr><th colspan="2" style="text-align: center;">Preventing Contamination by Hands</th></tr> <tr><td>8</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed</td></tr> <tr><td>9</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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N/O Required records available: shellstock tags, parasite destruction</td></tr> <tr><th colspan="2" style="text-align: center;">Protection from Contamination</th></tr> <tr><td>15</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected</td></tr> <tr><td>16</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized</td></tr> <tr><td>17</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food</td></tr> <tr><th colspan="2" style="text-align: center;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr><td>18</td><td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Proper 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State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility TOWNEPLACE SUITES	Type of Inspection sta ccp	Date 07/17/2023
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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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" 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 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 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 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
	Comment/ Obs		Please hang mops to dry in laundry area.	<input type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking. Containers of open sausage in refrigerator were not date-marked upon arrival. Please ensure that the sausage is dated when it is removed from the freezer. After 7 days, it must be discarded. *PIC stated sausage was removed from the freezer over the weekend and dated it during inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-I.0007		Employee Health: The operation had an employee health policy on file. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-II.0005		Good Hygienic Practices: Food employee was demonstrating good hygiene practices. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0011		Preventing Contamination by Hands: Hand washing facilities are properly supplied. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0012		TCS Food: Sausage patties refrigerated for more than 24 hours were not properly date marked.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0018		TCS Food: Observed hot foods being held at 135 F or above; cold foods being held at 41 F or below. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0019		TCS Food: Observed time/temperature controlled for safety foods being properly held using time as a public health control; the operation had a written procedure on file, foods were properly marked to indicate the time that the food was removed from temperature control, and food was discarded when required. *Good! *Please ensure oat milk (in pitchers with ice wands) and cream cheese are added to the discarded food list in the binder.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0008		Protection from Contamination: Foods are protected from physical and environmental contamination during storage, preparation, holding and display. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-X.5		Chemical: Toxic materials are properly identified and stored. *Good!	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 07/17/2023
Environmental Health Specialist RUSTY SCHWEPE RS/SIT# 2993	Licensors: Sidney-Shelby County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

As per HEA 5302B The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)

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

Name of Facility TOWNEPLACE SUITES			Type of Inspection sta ccp	Date 07/17/2023	
Observations and Corrective Actions (continued)					
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
58	3717-1-05.1(J)	C	Backflow prevention device - when required. Spray arm at 3 compartment sink is hanging below the flood level rim of the sink. Please ensure there is an air gap or provide other backflow protection. *Operator will install shorter hose and/or contact Ecolab.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(F)	NC	Outside receptacles. Dumpster lid missing. Please have replaced so that unit is inaccessible to birds and other vermin.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61	3717-1-05.4(P)	NC	Maintaining refuse areas and enclosures. Found loose litter and a couple of rubbish items on the ground in the dumpster enclosure. Please keep enclosure clean and free of unnecessary items.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge		Date 07/17/2023
Environmental Health Specialist RUSTY SCHWEPE RS/SIT# 2993		Licensors: Sidney-Shelby County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL
 As per HEA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)