

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility NORTHWOOD ELEMENTARY SCHOOL	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2023059	Date 09/07/2023
Address 1152 ST MARYS AVENUE	City/State/Zip Code SIDNEY OH 45365		
License holder SIDNEY CITY SCHOOLS	Inspection Time 75	Travel Time 0	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																																																																																																							
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accessible</td></tr> <tr><th colspan="2" style="text-align: center;">Approved Source</th></tr> <tr><td>11</td><td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   Food obtained from approved source</td></tr> <tr><td>12</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" type="checkbox"/> N/O   Food received at proper temperature</td></tr> <tr><td>13</td><td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   Food in good condition, safe, and unadulterated</td></tr> <tr><td>14</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   <input type="checkbox"/> 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 cooking time and temperatures</td></tr> <tr><td>19</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" type="checkbox"/> N/O   Proper reheating procedures for hot holding</td></tr> <tr><td>20</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" type="checkbox"/> N/O   Proper cooling time and temperatures</td></tr> <tr><td>21</td><td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Proper hot holding temperatures</td></tr> <tr><td>22</td><td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Proper cold holding temperatures</td></tr> </table>	Compliance Status		Supervision		1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Person in charge present, demonstrates knowledge, and performs duties	2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Certified Food Protection Manager	Employee Health		3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Management, food employees and conditional employees; 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# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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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		56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Nonfood-contact surfaces clean	
Proper cooling methods used; adequate equipment for temperature control		Physical Facilities	
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" 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 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 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 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 checked="" 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 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		Allow sanitizer at sink to run for 15-30 seconds before filling bucket; will help ensure proper sanitizer level. Also, do not combine detergent and sanitizer in same bucket; detergent will lessen effectiveness of sanitizer.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Recommend not placing string cheese (or other TCS foods) on serving trays in dining room until closer to lunch time.	<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-IV.0004		Demonstration of Knowledge: The person in charge is Certified in Food Protection. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0018		TCS Food: Observed cold foods being held at 41 F or below. *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"/>

<b>Person in Charge</b>	<b>Date</b> 09/07/2023
<b>Environmental Health Specialist</b> RUSTY SCHWEPE, REHS      RS/SIT# 2993	<b>Licensors:</b> 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)