

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |   |                                     |  |
|--|---|-------------------------------------|--|
| Name of facility<br>AL'S PIZZA   | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br>2023038           | Date<br>05/15/2023   |
| Address<br>1315 WAPAKONETA AVENUE  | City/State/Zip Code<br>SIDNEY OH 45365  |                                     |  |
| License holder<br>JACOB A BERTSCH  | Inspection Time<br>90   | Travel Time<br>10                   | Category/Descriptive<br>COMMERCIAL CLASS 4 <25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input checked="" type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up<br><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)<br>/ / | Water sample date/result (if required)<br>/ /              |

## 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  | <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; knowledge, responsibilities and reporting |
| 4  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion   |
| 5  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events                                      |
| Good Hygienic Practices                                |  |
| 6  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use  |
| 7  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth   |
| Preventing Contamination by Hands                      |  |
| 8  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed   |
| 9  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A No bare hand contact with ready-to-eat foods or approved alternate method properly followed     |
| 10   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible   |
| Approved Source  |  |
| 11   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source   |
| 12   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food received at proper temperature  |
| 13   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated  |
| 14   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Required records available: shellstock tags, parasite destruction                               |
| Protection from Contamination                          |  |
| 15   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food separated and protected  |
| 16   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food-contact surfaces: cleaned and sanitized  |
| 17   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food  |
| Time/Temperature Controlled for Safety Food (TCS food) |  |
| 18   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cooking time and temperatures  |
| 19   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper reheating procedures for hot holding  |
| 20   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cooling time and temperatures   |
| 21   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper hot holding temperatures   |
| 22   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures  |

  

| Compliance Status                                      |  |
|--|--|
| Time/Temperature Controlled for Safety Food (TCS food) |  |
| 23   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper date marking and disposition   |
| 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Time as a public health control: procedures & records                                 |
| Consumer Advisory                                      |  |
| 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods                               |
| Highly Susceptible Populations                         |  |
| 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered                                  |
| Chemical   |  |
| 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used  |
| 28   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used                                    |
| Conformance with Approved Procedures                   |  |
| 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Special Requirements: Fresh Juice Production  |
| 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Special Requirements: Heat Treatment Dispensing Freezers                              |
| 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Special Requirements: Custom Processing   |
| 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Special Requirements: Bulk Water Machine Criteria                                     |
| 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Special Requirements: Acidified White Rice Preparation Criteria                       |
| 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Critical Control Point Inspection   |
| 36   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Process Review  |
| 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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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|                                       |                                     |                           |
|---------------------------------------|-------------------------------------|---------------------------|
| <b>Name of Facility</b><br>AL'S PIZZA | <b>Type of Inspection</b><br>sta pr | <b>Date</b><br>05/15/2023 |
|---------------------------------------|-------------------------------------|---------------------------|

## 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                      |   |
| <b>Food Temperature Control</b>   |   | 56  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT   |
| 40  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | <b>Physical Facilities</b>  |   |
| Proper cooling methods used; adequate equipment for temperature control |   | 57  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 41  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Hot and cold water available; adequate pressure                                       |   |
| Plant food properly cooked for hot holding                              |   | 58  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 42  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plumbing installed; proper backflow devices   |   |
| Approved thawing methods used   |   | 59  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 43  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Sewage and waste water properly disposed  |   |
| Thermometers provided and accurate                                      |   | 60  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| <b>Food Identification</b>  |   | 61  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 44  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Garbage/refuse properly disposed; facilities maintained                               |   |
| Food properly labeled; original container                               |   | 62  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| <b>Prevention of Food Contamination</b>                                 |   | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |   |
| 45  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 63  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   |
| Insects, rodents, and animals not present/outer openings protected      |   | Adequate ventilation and lighting; designated areas used                              |   |
| 46  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 64  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Contamination prevented during food preparation, storage & display      |   | Existing Equipment and Facilities   |   |
| 47  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | <b>Administrative</b>   |   |
| Personal cleanliness  |   | 65  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 48  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 901:3-4 OAC   |   |
| Wiping cloths: properly used and stored                                 |   | 66  | <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 | 3701-21 OAC   |   |
| Washing fruits and vegetables   |   |   |   |
| <b>Proper Use of Utensils</b>   |   |   |   |
| 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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      |                | PROCESS REVIEW ITEM #36  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |                   |                | Process Review unable to be preformed, facility not conducting any level 4 activities when salad bar / lunch buffet not in use.  |                          |                          |
| 56       | 3717-1-04.5(A)(2) | NC             | Cleanliness of food-contact surfaces of cooking equipment and pans.<br>3717-1-04.5.A.2: The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations.              | <input type="checkbox"/> | <input type="checkbox"/> |
| 56       | 3717-1-04.5(A)(3) | NC             | Cleanliness of nonfood-contact surfaces of equipment.<br>3717-1-04.5.A.3: Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 56       | 3717-1-04.5(D)    | NC             | Nonfood-contact surfaces - cleaning frequency.<br>3717-1-04.5.D: Nonfood-contact surfaces - cleaning frequency. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. | <input type="checkbox"/> | <input type="checkbox"/> |
| 62       | 3717-1-06.4(B)    | NC             | Cleaning - frequency and restrictions.<br>3717-1-06.4.B: Cleaning - frequency and restrictions.<br>3717-1-06.4.B.1: The physical facilities shall be cleaned as often as necessary to keep them clean.                                     | <input type="checkbox"/> | <input type="checkbox"/> |

|   |   |
|---|---|
| <b>Person in Charge</b><br>ROSE   | <b>Date</b><br>05/15/2023                                   |
| <b>Environmental Health Specialist</b><br>BEN HICKERSON, EHSIT RS/SIT# 4567 | <b>Licensors:</b><br>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)