

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility THE MEAL PREP LIFE	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <b>2023246</b>	Date 02/14/2024
Address 2050 W MICHIGAN STREET	City/State/Zip Code SIDNEY OH 45365		
License holder JULIE CASIANO	Inspection Time 90	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

Compliance Status	Compliance Status
<b>Supervision</b>	
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	
<b>Employee Health</b>	
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	
<b>Good Hygienic Practices</b>	
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	
<b>Preventing Contamination by Hands</b>	
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 <input type="checkbox"/> N/O
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	
<b>Approved Source</b>	
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 <input checked="" type="checkbox"/> N/O
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 <input type="checkbox"/> N/O
Required records available: shellstock tags, parasite destruction	
<b>Protection from Contamination</b>	
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food separated and protected	
16	<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	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Proper disposition of returned, previously served, reconditioned, and unsafe food	
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Proper cooking time and temperatures	
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Proper reheating procedures for hot holding	
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Proper cooling time and temperatures	
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O
Proper hot holding temperatures	
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper cold holding temperatures	
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Proper date marking and disposition	
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Time as a public health control: procedures & records	
<b>Consumer Advisory</b>	
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Consumer advisory provided for raw or undercooked foods	
<b>Highly Susceptible Populations</b>	
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Pasteurized foods used; prohibited foods not offered	
<b>Chemical</b>	
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	
<b>Conformance with Approved Procedures</b>	
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 <input type="checkbox"/> N/O
Special Requirements: Fresh Juice Production	
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Special Requirements: Heat Treatment Dispensing Freezers	
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Special Requirements: Custom Processing	
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Special Requirements: Bulk Water Machine Criteria	
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Special Requirements: Acidified White Rice Preparation Criteria	
35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Critical Control Point Inspection	
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Process Review	
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Variance	
<p><b>Risk Factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p>	

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility THE MEAL PREP LIFE	Type of Inspection sta ccp	Date 02/14/2024
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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	Pasteurized eggs used where required	54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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	Water and ice from approved source	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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	Proper cooling methods used; adequate equipment for temperature control	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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	Approved thawing methods used	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	Administrative		
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC
Proper Use of Utensils		50	<input type="checkbox"/> IN <input checked="" 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		Custom Comment # 1	<input type="checkbox"/>	<input type="checkbox"/>
			Food Service Operation is very clean and well managed		
35	CCP-I.0007		Employee Health: The operation had an employee health policy on file.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0011		Preventing Contamination by Hands: Hand washing facilities are properly supplied.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0012		Preventing Contamination by Hands: Food employees were not contacting exposed ready-to-eat foods with bare hands.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0013		P - Preventing Contamination by Hands: Observed food employee washing hands when required.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-IV.0003		Demonstration of Knowledge: The operation is in compliance with Chapter 3717-1 of the Administrative Code.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-IV.0004		Demonstration of Knowledge: The person in charge is Certified in Food Protection.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0017		TCS Food: Observed ready to eat TCS foods being properly date marked, and discarded when required.	<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.	<input type="checkbox"/>	<input type="checkbox"/>
50	3717-1-03.2(K)	NC	In-use utensils - between-use storage.	<input type="checkbox"/>	<input type="checkbox"/>
			Observed scoop handle left in dry powder mix. To prevent bare hand contact ensure scoop is always stored handle up out of mix.		

Person in Charge JULIE CASIANO	Date 02/14/2024
Environmental Health Specialist MICHAEL MCCLAIN, REHS RS/SIT# 3051	Licensor: 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)