

State of Ohio  
**Food Inspection Report**  
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Tropical Smoothie Cafe</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number —	Date <i>4-22-24</i>
Address <i>2350 W. Michigan</i>	City/State/Zip Code <i>Sidney OH 45365</i>		
License holder <i>Ashish Patel</i>	Inspection Time	Travel Time <i>10</i>	Category/Descriptive <i>CR63-2500</i>
Type of Inspection (check all that apply) <input type="checkbox"/> Standard <input 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 checked="" type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow up date (if required) <i>30 days</i>	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	
Supervision	
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager
Employee Health	
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion
5	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use
7	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible
Approved Source	
11	<input 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 type="checkbox"/> N/O Food received at proper temperature
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction
Protection from Contamination	
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected
16	<input 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 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 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 type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding
20	<input 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 type="checkbox"/> N/O Proper hot holding temperatures
22	<input 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 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 type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records
Consumer Advisory	
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Chemical	
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used
28	<input 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 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 type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Process Review
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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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Name of Facility <i>Tropical Smoothie Cafe</i>	Type of Inspection <i>prelicensing</i>	Date <i>4-22-24</i>
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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 type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input 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 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 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 type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	61 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63 <input type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	<b>Administrative</b>
48	<input 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 type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils		<i>All temps OK</i>	
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input 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 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
			<i>* Please install closer on restroom and back doors.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* Please add paper towels + hand sanitizer to hand sinks.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* Please add mop hanger @ mop sink</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>+ Please obtain detergent + sanitizer for 3 comp sink</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* Please seal opening between rear wall + walk in freezer</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>* Please finish installing wall shelving.</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>+ Please add/correct coolant at floor drain in front of ice machine</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			<i>OK to operate since above items addressed and building kept just for approval</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>[Signature]</i>	Date:
Sanitarian <i>[Signature]</i>	Licensor: <i>Siding - Shelby County 1711</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL