

Ohio Department of Health


School Environmental Health and Safety Inspection

School Claymont Elementary School				Date of inspection 4/9/2019	
Address 1200 Eastport Ave				Type of inspection <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City Uhrichsville		ZIP 44683		School classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County Tuscarawas		Phone		Type of school (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Middle <input type="checkbox"/> Career Center <input type="checkbox"/> Kindergarten <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Other _____	
Principal or Chief Building Administrator Mr. Watkins					
Grades of instruction 2-3		Regular hours of school operation		HVAC system (Check all that apply)	
Enrollment		Classrooms		Central Forced Air Systems Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Unit Ventilators <input type="checkbox"/> <input type="checkbox"/> Steam/Hot Water Radiators <input type="checkbox"/> n/a Electric Heating Units <input type="checkbox"/> n/a Geothermal <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> <input type="checkbox"/>	
Year constructed		Year(s) renovated			
School district Claymont					

Indicate areas of deficiency by marking appropriate box (OAC 3701-54-)

<input type="checkbox"/> 06-A1 Grounds and building exterior	<input type="checkbox"/> 08-C Industrial arts classrooms	<input type="checkbox"/> 09-E Training or weight lifting rooms
<input type="checkbox"/> 06-A2 Playgrounds	<input type="checkbox"/> 08-D Stage and set design areas	<input type="checkbox"/> 09-F Restrooms
<input type="checkbox"/> 06-A3 Solid waste disposal areas	<input type="checkbox"/> 08-E Music room(s)	<input type="checkbox"/> 09-G Custodial closets
<input type="checkbox"/> 06-A4 Outdoor athletic facilities	<input type="checkbox"/> 08-F Family and consumer science	<input type="checkbox"/> 09-H Mechanical rooms
<input checked="" type="checkbox"/> 07-A All school indoor environments	<input type="checkbox"/> 09-A Auditoriums and student dining	<input type="checkbox"/> 09-I Attics/Mezzanines/Crawls
<input type="checkbox"/> 07-B Hallways and stairwells	<input type="checkbox"/> 09-B Library/Media center	<input type="checkbox"/> 09-J Water/Wastewater system
<input type="checkbox"/> 08-A Science classrooms	<input type="checkbox"/> 09-C Indoor athletic facilities	<input type="checkbox"/> 09-K Health care areas
<input type="checkbox"/> 08-B Visual arts classrooms	<input type="checkbox"/> 09-D Locker rooms	<input type="checkbox"/> 09-L/M Admin Areas/Rules and protocols

Rule number	Observations and recommendations for change, if adverse condition exists	Location
	Water damaged ceiling tiles throughout building	
	Vents in all restrooms are collecting dust and debris and need cleaned	

Inspected by Angela Frantz/Danell Bennett		Health district Tuscarawas County		Name of school staff accompanying inspector Mr. Page	
Signature 		Date 4/9/19	RS/SIT number	Phone 330-343-5555 ext 120	
Received by		Date	Title	Phone	

Ohio Department of Health

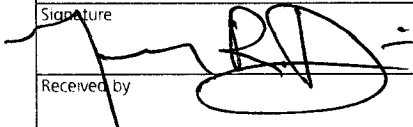
School Environmental Health and Safety Inspection

School Claymont Preschool				Date of inspection 4/9/2019	
Address 200 Jewett Avenue				Type of inspection <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City Dennison		ZIP		School classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County Tuscarawas		Phone		Type of school (Check all that apply) <input checked="" type="checkbox"/> Preschool <input type="checkbox"/> Middle <input type="checkbox"/> Career Center <input type="checkbox"/> Kindergarten <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input type="checkbox"/> Elementary <input type="checkbox"/> Other _____	
Principal or Chief Building Administrator Mr. Watkins					
Grades of instruction Preschool		Regular hours of school operation			
Enrollment	Classrooms	Year constructed	Year(s) renovated		
School district Claymont					
HVAC system (Check all that apply) Central Forced Air Systems Unit Ventilators Steam/Hot Water Radiators Electric Heating Units Geothermal Other _____				Heating Cooling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> n/a <input type="checkbox"/> n/a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Indicate areas of deficiency by marking appropriate box (OAC 3701-54-)

- | | | |
|--|--|---|
| <input type="checkbox"/> 06-A1 Grounds and building exterior | <input type="checkbox"/> 08-C Industrial arts classrooms | <input type="checkbox"/> 09-E Training or weight lifting rooms |
| <input checked="" type="checkbox"/> 06-A2 Playgrounds | <input type="checkbox"/> 08-D Stage and set design areas | <input type="checkbox"/> 09-F Restrooms |
| <input type="checkbox"/> 06-A3 Solid waste disposal areas | <input type="checkbox"/> 08-E Music room(s) | <input type="checkbox"/> 09-G Custodial closets |
| <input type="checkbox"/> 06-A4 Outdoor athletic facilities | <input type="checkbox"/> 08-F Family and consumer science | <input type="checkbox"/> 09-H Mechanical rooms |
| <input type="checkbox"/> 07-A All school indoor environments | <input type="checkbox"/> 09-A Auditoriums and student dining | <input type="checkbox"/> 09-I Attics/Mezzanines/Crawls |
| <input type="checkbox"/> 07-B Hallways and stairwells | <input type="checkbox"/> 09-B Library/Media center | <input type="checkbox"/> 09-J Water/Wastewater system |
| <input type="checkbox"/> 08-A Science classrooms | <input type="checkbox"/> 09-C Indoor athletic facilities | <input type="checkbox"/> 09-K Health care areas |
| <input type="checkbox"/> 08-B Visual arts classrooms | <input type="checkbox"/> 09-D Locker rooms | <input type="checkbox"/> 09-L/M Admin Areas/Rules and protocols |

Rule number	Observations and recommendations for change, if adverse condition exists	Location
	- Observed Steps for the equipment on the playground were corroded	
	- Observed a swing on the playground was entangled on one side preventing appropriate use.	

Inspected by Gregory R. Dion RS/Troy Elsea S		Health district Tuscarawas County		Name of school staff accompanying inspector	
Signature 		Date 4-9-19	RS/SIT number	Phone	
Received by		Date	Title	Phone	

Ohio Department of Health

School Environmental Health and Safety Inspection

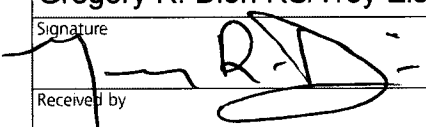
Page 1 of 1

School Claymont Intermediate school				Date of inspection 4/9/2019	
Address 220 Third ST				Type of inspection <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City Dennison		ZIP		School classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County Tuscarawas		Phone		Type of school (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Middle <input type="checkbox"/> Career Center <input type="checkbox"/> Kindergarten <input checked="" type="checkbox"/> Intermediate <input type="checkbox"/> High <input type="checkbox"/> Elementary <input type="checkbox"/> Other _____	
Principal or Chief Building Administrator Mr. Watkins					
Grades of instruction 4th-5th		Regular hours of school operation			
Enrollment	Classrooms	Year constructed	Year(s) renovated		
School district Claymont					
HVAC system (Check all that apply)				Heating	Cooling
Central Forced Air Systems				<input type="checkbox"/>	<input type="checkbox"/>
Unit Ventilators				<input type="checkbox"/>	<input type="checkbox"/>
Steam/Hot Water Radiators				<input type="checkbox"/>	n/a
Electric Heating Units				<input type="checkbox"/>	n/a
Geothermal				<input type="checkbox"/>	<input type="checkbox"/>
Other _____				<input type="checkbox"/>	<input type="checkbox"/>

Indicate areas of deficiency by marking appropriate box (OAC 3701-54-)

- | | | |
|--|--|---|
| <input type="checkbox"/> 06-A1 Grounds and building exterior | <input type="checkbox"/> 08-C Industrial arts classrooms | <input type="checkbox"/> 09-E Training or weight lifting rooms |
| <input type="checkbox"/> 06-A2 Playgrounds | <input type="checkbox"/> 08-D Stage and set design areas | <input checked="" type="checkbox"/> 09-F Restrooms |
| <input type="checkbox"/> 06-A3 Solid waste disposal areas | <input type="checkbox"/> 08-E Music room(s) | <input type="checkbox"/> 09-G Custodial closets |
| <input type="checkbox"/> 06-A4 Outdoor athletic facilities | <input type="checkbox"/> 08-F Family and consumer science | <input type="checkbox"/> 09-H Mechanical rooms |
| <input type="checkbox"/> 07-A All school indoor environments | <input type="checkbox"/> 09-A Auditoriums and student dining | <input type="checkbox"/> 09-I Attics/Mezzanines/Crawls |
| <input type="checkbox"/> 07-B Hallways and stairwells | <input type="checkbox"/> 09-B Library/Media center | <input type="checkbox"/> 09-J Water/Wastewater system |
| <input type="checkbox"/> 08-A Science classrooms | <input type="checkbox"/> 09-C Indoor athletic facilities | <input type="checkbox"/> 09-K Health care areas |
| <input type="checkbox"/> 08-B Visual arts classrooms | <input type="checkbox"/> 09-D Locker rooms | <input type="checkbox"/> 09-L/M Admin Areas/Rules and protocols |

Rule number	Observations and recommendations for change, if adverse condition exists	Location
	- Observed an accumulation of dead insects (wasps/hornets) in the 3rd floor classroom, 301.	
	- Observed damaged cove molding in the girls 1st floor restroom.	

Inspected by Gregory R. Dion RS/Troy Elsea S		Health district		Name of school staff accompanying inspector	
Signature 		Date 4-9-19	RS/SIT number		Phone
Received by		Date	Title		Phone

Page 1 of 1

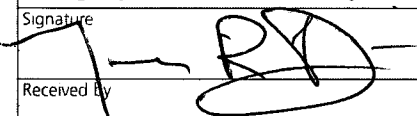
Ohio Department of Health School Environmental Health and Safety Inspection

School Claymont Primary school				Date of inspection 4/9/2019	
Address 320 Trenton Avenue				Type of inspection <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City Dennison		ZIP		School classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County Tuscarawas		Phone		Type of school (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Middle <input type="checkbox"/> Career Center <input type="checkbox"/> Kindergarten <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Other _____	
Principal or Chief Building Administrator Mr. Watkins					
Grades of instruction K-1		Regular hours of school operation			
Enrollment	Classrooms	Year constructed	Year(s) renovated		HVAC system (Check all that apply) Central Forced Air Systems Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Unit Ventilators <input type="checkbox"/> <input type="checkbox"/> Steam/Hot Water Radiators <input type="checkbox"/> n/a Electric Heating Units <input type="checkbox"/> n/a Geothermal <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> <input type="checkbox"/>
School district Claymont					

Indicate areas of deficiency by marking appropriate box (OAC 3701-54-)

<input type="checkbox"/> 06-A1 Grounds and building exterior	<input type="checkbox"/> 08-C Industrial arts classrooms	<input type="checkbox"/> 09-E Training or weight lifting rooms
<input checked="" type="checkbox"/> 06-A2 Playgrounds	<input type="checkbox"/> 08-D Stage and set design areas	<input type="checkbox"/> 09-F Restrooms
<input type="checkbox"/> 06-A3 Solid waste disposal areas	<input type="checkbox"/> 08-E Music room(s)	<input type="checkbox"/> 09-G Custodial closets
<input type="checkbox"/> 06-A4 Outdoor athletic facilities	<input type="checkbox"/> 08-F Family and consumer science	<input type="checkbox"/> 09-H Mechanical rooms
<input type="checkbox"/> 07-A All school indoor environments	<input type="checkbox"/> 09-A Auditoriums and student dining	<input type="checkbox"/> 09-I Attics/Mezzanines/Crawls
<input type="checkbox"/> 07-B Hallways and stairwells	<input type="checkbox"/> 09-B Library/Media center	<input type="checkbox"/> 09-J Water/Wastewater system
<input type="checkbox"/> 08-A Science classrooms	<input type="checkbox"/> 09-C Indoor athletic facilities	<input type="checkbox"/> 09-K Health care areas
<input type="checkbox"/> 08-B Visual arts classrooms	<input type="checkbox"/> 09-D Locker rooms	<input type="checkbox"/> 09-L/M Admin Areas/Rules and protocols

Rule number	Observations and recommendations for change, if adverse condition exists	Location
	- Observed water damage on the ceilings in various locations in building.	
	- Observed brick on the exterior of the building adjacent to the playground area deteriorating.	
	- Observed wood platforms needing replacement on playground equipment that has deteriorated.	
	- Observed paint chipping/cracking/ peeling from the ceiling observed in room 110.	
	- Observed missing ceiling tiles in room 203.	
	- Observed paint chipping/cracking/peeling from the the walls and baseboard areas in rooms 10 and 11.	

Inspected by Gregory R. Dion RS/Troy Elsea S		Health district		Name of school staff accompanying inspector	
Signature 		Date 4-9-19	RS/SIT number		Phone
Received By		Date	Title		Phone

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

Name of facility CLAYMONT PRESCHOOL	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number JJOS-9FBJ8V	Date 9-Apr-2019
Address 200 JEWETT AVE		City/State/Zip Code DENNISON OH 44621	
License holder CLAYMONT LOCAL BOARD OF EDUCATION	Inspection Time 75	Travel Time 0	Category/Descriptive Non-Commercial FSO < 25000 sq. ft. - Risk Level II
Type of Inspection Standard	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=Out of Compliance N/O=Not Observed N/A=Not Applicable

Supervision			Time/Temperature Controlled for Safety Food (TCS food)		
1	OUT	Person in charge present, demonstrates knowledge, and performs duties	21	N/A	Proper hot holding temperatures
2	OUT	Certified Food Protection Manager	22	IN	Proper cold holding temperatures
Employee Health			23	N/O	Proper date marking and disposition
3	IN	Management, food employees and conditional employee; knowledge, responsibilities and reporting	24	N/A	Time as a public health control: procedures & records
4	IN	Proper use of restriction and exclusion	Consumer Advisory		
5	IN	Procedures for responding to vomiting and diarrheal events	25	N/A	Consumer advisory provided for raw or undercooked foods
Good Hygienic Practices			Highly Susceptible Populations		
6	IN	Proper eating, tasting, drinking, or tobacco use	26	N/A	Pasteurized foods used; prohibited foods not offered
7	IN	No discharge from eyes, nose, and mouth	Chemical		
Preventing Contamination by Hands			27	N/A	Food additives: approved and properly used
8	N/O	Hands clean and properly washed	28	IN	Toxic substances properly identified, stored, used
9	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	Conformance with Approved Procedures		
10	IN	Adequate handwashing facilities supplied & accessible	29	N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP Plan
Approved Source			30	N/A	Special Requirements: Fresh Juice Production
11	IN	Food obtained from approved source	31	N/A	Special Requirements: Heat Treatment Dispensing Freezers
12	N/O	Food received at proper temperature	32	N/A	Special Requirements: Custom Processing
13	IN	Food in good condition, safe, and unadulterated	33	N/A	Special Requirements: Bulk Water Machine Criteria
14	N/A	Required records available: shellstock tags, parasite destruction	34	N/A	Special Requirements: Acidified White Rice Preparation Criteria
Protection From Contamination			35	N/A	Critical Control Point Inspection
15	IN	Food separated and protected	36	N/A	Process Review
16	IN	Food-contact surfaces: cleaned and sanitized	37	N/A	Variance
17	IN	Proper disposition of returned, previously served, reconditioned, and unsafe food	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.		
Time/Temperature Controlled for Safety Food (TCS food)					
18	N/A	Proper cooking time and temperatures			
19	N/A	Proper reheating procedures for hot holding			
20	N/A	Proper cooling time and temperatures			

HEA 5302A Ohio Department of Health (6/18)
 AGR 1268 Ohio Department of Agriculture (6/18)

Ohio Department of Health

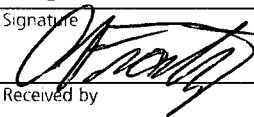
School Environmental Health and Safety Inspection

School Claymont High School				Date of inspection 4/9/2019	
Address 4205 Indian Hill Rd				Type of inspection <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City Uhrichsville		ZIP 44683		School classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County Tuscarawas		Phone		Type of school (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Middle <input type="checkbox"/> Career Center <input type="checkbox"/> Kindergarten <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> High <input type="checkbox"/> Elementary <input type="checkbox"/> Other _____	
Principal or Chief Building Administrator Ms. Conn					
Grades of instruction 9-12		Regular hours of school operation		HVAC system (Check all that apply)	
Enrollment		Classrooms		Central Forced Air Systems	
				Unit Ventilators	
Year constructed		Year(s) renovated		Steam/Hot Water Radiators	
				Electric Heating Units	
School district Claymont				Geothermal	
				Other _____	

Indicate areas of deficiency by marking appropriate box (OAC 3701-54-)

<input type="checkbox"/> 06-A1 Grounds and building exterior	<input type="checkbox"/> 08-C Industrial arts classrooms	<input checked="" type="checkbox"/> 09-E Training or weight lifting rooms
<input type="checkbox"/> 06-A2 Playgrounds	<input type="checkbox"/> 08-D Stage and set design areas	<input checked="" type="checkbox"/> 09-F Restrooms
<input type="checkbox"/> 06-A3 Solid waste disposal areas	<input type="checkbox"/> 08-E Music room(s)	<input type="checkbox"/> 09-G Custodial closets
<input type="checkbox"/> 06-A4 Outdoor athletic facilities	<input type="checkbox"/> 08-F Family and consumer science	<input type="checkbox"/> 09-H Mechanical rooms
<input checked="" type="checkbox"/> 07-A All school indoor environments	<input type="checkbox"/> 09-A Auditoriums and student dining	<input type="checkbox"/> 09-I Attics/Mezzanines/Crawls
<input type="checkbox"/> 07-B Hallways and stairwells	<input type="checkbox"/> 09-B Library/Media center	<input type="checkbox"/> 09-J Water/Wastewater system
<input type="checkbox"/> 08-A Science classrooms	<input type="checkbox"/> 09-C Indoor athletic facilities	<input type="checkbox"/> 09-K Health care areas
<input type="checkbox"/> 08-B Visual arts classrooms	<input type="checkbox"/> 09-D Locker rooms	<input type="checkbox"/> 09-L/M Admin Areas/Rules and protocols

Rule number	Observations and recommendations for change, if adverse condition exists	Location
	Lower boys' restroom and upper girls' restroom are low on hand soap and paper towels	
	Restrooms closest to gymnasium need vents cleaned, boys' restroom is missing ceiling tiles, has chipped tile floor at drain, and has one stall "Out of Order" with sign and is locked	
	Water fountain by girls' restroom closest to gym has a torn mouth guard	
	Boys' locker room water fountain mat needs cleaned	
	Weight room bench is torn, the sanitizer spray is missing, and a light shield is broken	
	Water damaged ceiling tiles throughout building	
	Room 101 has one sink that is not functioning properly and needs restocked with hand soap	

Inspected by Angela Frantz/Danell Bennett		Health district Tuscarawas County		Name of school staff accompanying inspector Ms. Conn	
Signature 		Date 4/9/19		Phone 330-343-5555 ext 120	
Received by		Date		Title	
				Phone	

Ohio Department of Health

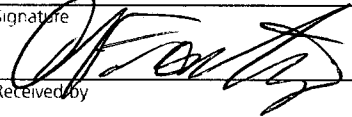
School Environmental Health and Safety Inspection

School Claymont Middle School				Date of inspection 4/9/2019	
Address 215 E 5th St				Type of inspection <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City Uhrichsville		ZIP 44683		School classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County Tuscarawas		Phone		Type of school (Check all that apply) <input type="checkbox"/> Preschool <input checked="" type="checkbox"/> Middle <input type="checkbox"/> Career Center <input type="checkbox"/> Kindergarten <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input type="checkbox"/> Elementary <input type="checkbox"/> Other _____	
Principal or Chief Building Administrator Mr. Watkins					
Grades of instruction 6-8		Regular hours of school operation		HVAC system (Check all that apply)	
Enrollment		Classrooms		Central Forced Air Systems Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Unit Ventilators <input type="checkbox"/> <input type="checkbox"/> Steam/Hot Water Radiators <input type="checkbox"/> n/a Electric Heating Units <input type="checkbox"/> n/a Geothermal <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> <input type="checkbox"/>	
Year constructed		Year(s) renovated			
School district Claymont					

Indicate areas of deficiency by marking appropriate box (OAC 3701-54-)

<input type="checkbox"/> 06-A1 Grounds and building exterior	<input type="checkbox"/> 08-C Industrial arts classrooms	<input type="checkbox"/> 09-E Training or weight lifting rooms
<input type="checkbox"/> 06-A2 Playgrounds	<input type="checkbox"/> 08-D Stage and set design areas	<input type="checkbox"/> 09-F Restrooms
<input type="checkbox"/> 06-A3 Solid waste disposal areas	<input type="checkbox"/> 08-E Music room(s)	<input type="checkbox"/> 09-G Custodial closets
<input type="checkbox"/> 06-A4 Outdoor athletic facilities	<input type="checkbox"/> 08-F Family and consumer science	<input type="checkbox"/> 09-H Mechanical rooms
<input checked="" type="checkbox"/> 07-A All school indoor environments	<input type="checkbox"/> 09-A Auditoriums and student dining	<input type="checkbox"/> 09-I Attics/Mezzanines/Crawls
<input type="checkbox"/> 07-B Hallways and stairwells	<input type="checkbox"/> 09-B Library/Media center	<input type="checkbox"/> 09-J Water/Wastewater system
<input type="checkbox"/> 08-A Science classrooms	<input type="checkbox"/> 09-C Indoor athletic facilities	<input type="checkbox"/> 09-K Health care areas
<input type="checkbox"/> 08-B Visual arts classrooms	<input type="checkbox"/> 09-D Locker rooms	<input type="checkbox"/> 09-L/M Admin Areas/Rules and protocols

Rule number	Observations and recommendations for change, if adverse condition exists	Location
	Water damaged ceiling tiles throughout building	
	Cracks in floor throughout building	
	Paper towel dispenser broken in boys' locker room (Paper towels are still accessible and a new dispenser has been ordered)	

Inspected by Angela Frantz/Danell Bennett		Health district Tuscarawas County		Name of school staff accompanying inspector Mr. Watkins	
Signature 		Date 4/9/19		Phone 330-343-5555 ext 120	
Received by		Date		Title	
				Phone	

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility CLAYMONT PRESCHOOL	Type of Inspection Standard	Date 9-Apr-2019
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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=Out of Compliance N/O=Not Observed N/A=Not Applicable		
Safe Food and Water		
38	N/A	Pasteurized eggs used where required
39	IN	Water and ice from approved source
Food Temperature Control		
40	N/A	Proper cooling methods used; adequate equipment for temp control
41	N/A	Plant food properly cooked for hot holding
42	IN	Approved thawing methods used
43	IN	Thermometers provided and accurate
Food Identification		
44	IN	Food properly labeled; original container
Prevention of Food Contamination		
45	IN	Insects, rodents, and animals not present/outer openings protected
46	IN	Contamination prevented during food preparation, storage & display
47	IN	Personal cleanliness
48	N/A	Wiping cloths: properly used and stored
49	N/A	Washing fruits and vegetables
Proper Use of Utensils		
50	N/O	In-use utensils: properly stored
51	N/A	Utensils, equipment and linens: properly stored, dried, handled
52	IN	Single-use/single-service articles: properly stored, used
53	N/A	Slash-resistant and cloth glove use
Utensils, Equipment and Vending		
54	IN	Food and non-food contact surfaces cleanable, proper designed, constructed, and used
55	IN	Warewashing facilities: installed, maintained, used; test strips
56	IN	Non-food contact surfaces clean
Physical Facilities		
57	IN	Hot and cold water available; adequate pressure
58	IN	Plumbing installed; proper backflow devices
59	IN	Sewage and waste water properly disposed
60	IN	Toilet facilities: properly constructed, supplied, cleaned
61	IN	Garbage/refuse properly disposed; facilities maintained
62	IN	Physical facilities installed, maintained, and cleaned
63	IN	Adequate ventilation and lighting; designated areas used
64	IN	Existing Equipment and Facilities
Administrative		
65	N/A	901:3-4 OAC
66	IN	3701-21 OAC

Observations and Corrective Actions					
Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation PRIORITY LEVEL: C=CRITICAL NC=NON-CRITICAL					
Item No.	Code Section	Priority Level	Comment	COS	R
01	3717-1-02.4(A)(1)	C	Observations: No person in charge present in food facility during inspection.		
02	3717-1-02.4(A)(2)	NC	Observations: Facility does not have an employee with level two certification in food protection.		
02	3717-1-02.4(A)(2)	NC	Observations: Facility does not have an employee with level two certification in food protection.		
<p>Foods from transport (milk, pizza, hamburgers) were not observed for temperature monitoring at the time of inspection. However, any hot or cold temperature controlled for safety food items must be delivered and received at proper temperatures. Cold holding 41F or below, hot holding 135F or above.</p>					
Person in Charge				Date	
				9-Apr-2019	
Sanitarian Gregory GRD Dion				Licensor Tuscarawas County Health Department	

HEA 5302B Ohio Department of Health (6/18)
AGR 1268 Ohio Department of Agriculture (6/18)

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

Name of facility CLAYMONT PRIMARY	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number JJOS-9FBJBR	Date 9-Apr-2019
Address 320 TRENTON AVE		City/State/Zip Code UHRICHSVILLE OH 44683	
License holder CLAYMONT LOCAL BOARD OF EDUCATION	Inspection Time 90	Travel Time 0	Category/Descriptive Non-Commercial FSO < 25000 sq. ft. - Risk Level III
Type of Inspection Standard	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=Out of Compliance N/O=Not Observed N/A=Not Applicable

Supervision			Time/Temperature Controlled for Safety Food (TCS food)		
1	IN	Person in charge present, demonstrates knowledge, and performs duties	21	N/O	Proper hot holding temperatures
2	OUT	Certified Food Protection Manager	22	IN	Proper cold holding temperatures
Employee Health			23	IN	Proper date marking and disposition
3	IN	Management, food employees and conditional employee; knowledge, responsibilities and reporting	24	N/A	Time as a public health control: procedures & records
4	IN	Proper use of restriction and exclusion	Consumer Advisory		
5	IN	Procedures for responding to vomiting and diarrheal events	25	N/A	Consumer advisory provided for raw or undercooked foods
Good Hygienic Practices			Highly Susceptible Populations		
6	IN	Proper eating, tasting, drinking, or tobacco use	26	N/A	Pasteurized foods used; prohibited foods not offered
7	IN	No discharge from eyes, nose, and mouth	Chemical		
Preventing Contamination by Hands			27	N/A	Food additives: approved and properly used
8	N/O	Hands clean and properly washed	28	IN	Toxic substances properly identified, stored, used
9	IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	Conformance with Approved Procedures		
10	IN	Adequate handwashing facilities supplied & accessible	29	N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP Plan
Approved Source			30	N/A	Special Requirements: Fresh Juice Production
11	IN	Food obtained from approved source	31	N/A	Special Requirements: Heat Treatment Dispensing Freezers
12	N/O	Food received at proper temperature	32	N/A	Special Requirements: Custom Processing
13	IN	Food in good condition, safe, and unadulterated	33	N/A	Special Requirements: Bulk Water Machine Criteria
14	N/A	Required records available: shellstock tags, parasite destruction	34	N/A	Special Requirements: Acidified White Rice Preparation Criteria
Protection From Contamination			35	N/A	Critical Control Point Inspection
15	IN	Food separated and protected	36	N/A	Process Review
16	IN	Food-contact surfaces: cleaned and sanitized	37	N/A	Variance
17	IN	Proper disposition of returned, previously served, reconditioned, and unsafe food	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.		
Time/Temperature Controlled for Safety Food (TCS food)					
18	N/A	Proper cooking time and temperatures			
19	N/A	Proper reheating procedures for hot holding			
20	N/A	Proper cooling time and temperatures			

HEA 5302A Ohio Department of Health (6/18)
 AGR 1268 Ohio Department of Agriculture (6/18)

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

Name of facility CLAYMONT PRIMARY	Type of Inspection Standard	Date 9-Apr-2019
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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=Out of Compliance N/O=Not Observed N/A=Not Applicable		
Safe Food and Water		
38	N/A	Pasteurized eggs used where required
39	IN	Water and ice from approved source
Food Temperature Control		
40	N/O	Proper cooling methods used; adequate equipment for temp control
41	N/O	Plant food properly cooked for hot holding
42	IN	Approved thawing methods used
43	IN	Thermometers provided and accurate
Food Identification		
44	IN	Food properly labeled; original container
Prevention of Food Contamination		
45	IN	Insects, rodents, and animals not present/outer openings protected
46	IN	Contamination prevented during food preparation, storage & display
47	IN	Personal cleanliness
48	N/O	Wiping cloths: properly used and stored
49	N/O	Washing fruits and vegetables
Proper Use of Utensils		
50	N/O	In-use utensils: properly stored
51	IN	Utensils, equipment and linens: properly stored, dried, handled
52	OUT	Single-use/single-service articles: properly stored, used
53	N/A	Slash-resistant and cloth glove use
Utensils, Equipment and Vending		
54	OUT	Food and non-food contact surfaces cleanable, proper designed, constructed, and used
55	OUT	Warewashing facilities: installed, maintained, used; test strips
56	IN	Non-food contact surfaces clean
Physical Facilities		
57	IN	Hot and cold water available; adequate pressure
58	IN	Plumbing installed; proper backflow devices
59	IN	Sewage and waste water properly disposed
60	OUT	Toilet facilities: properly constructed, supplied, cleaned
61	IN	Garbage/refuse properly disposed; facilities maintained
62	OUT	Physical facilities installed, maintained, and cleaned
63	IN	Adequate ventilation and lighting; designated areas used
64	N/A	Existing Equipment and Facilities
Administrative		
65	N/A	901:3-4 OAC
66	IN	3701-21 OAC

Observations and Corrective Actions					
Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation PRIORITY LEVEL: C=CRITICAL NC=NON-CRITICAL					
Item No.	Code Section	Priority Level	Comment	COS	R
02	3717-1-02.4(A)(2)	NC	Observations: Facility does not have an employee with level two certification in food protection when in operation.		
52	3717-1-04.4(S)(1)	NC	Observations: Re-use of single-service or single-use articles. Food storage containers must be approved for re-use. The 1 gallon salad dressing containers and mayo containers (located in the dry storage area)		X
54	3717-1-04.1(KK)	NC	Observations: Equipment not approved by a recognized testing agency. The non commercial stove/oven and microwave. Use until the unit breaks. Then it must be replaced with a commercial grade unit.		X
55	3717-1-04.2(I)	NC	Observations: No sanitizer test kit available. There is a test kit present, however the expiration date is listed as 2015. Replace with a current testing kit		
60	3717-1-05.4(H)	NC	Observations: No covered receptacle in women's restroom (of kitchen).		
62	3717-1-06.1(A)	NC	Observations: Floors, walls, and/or ceilings not smooth and easily cleanable. The wooden storage shelving of the dry storage room is chipped/splintering. Reseal or apply a smooth, durable and easily cleanable and moisture resistant surface.		
Foods from transport (milk, pizza, hamburgers) were not observed for temperature monitoring at the time of inspection. However, any hot or cold temperature controlled for safety food items must be delivered and received at proper temperatures. Cold holding 41F or below, hot holding 135F or above.					
Person in Charge Claymont Primary			Date 9-Apr-2019		
Sanitarian Gregory GRD Dion			Licensor Tuscarawas County Health Department		

HEA 5302B Ohio Department of Health (6/18)
 AGR 1268 Ohio Department of Agriculture (6/18)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility CLAYMONT ELEMENTARY	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number JJOS-9F8RYX	Date 9-Apr-2019
Address 1200 EASTPORT AVE		City/State/Zip Code UHRICHSVILLE OH 44683	
License holder CLAYMONT LOCAL BOARD OF EDUCATION	Inspection Time 45	Travel Time 0	Category/Descriptive Non-Commercial FSO < 25000 sq. ft. - Risk Level III
Type of Inspection Standard	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=Out of Compliance N/O=Not Observed N/A=Not Applicable

Supervision			Time/Temperature Controlled for Safety Food (TCS food)		
1	IN	Person in charge present, demonstrates knowledge, and performs duties	21	N/A	Proper hot holding temperatures
2	OUT	Certified Food Protection Manager	22	IN	Proper cold holding temperatures
Employee Health			23	IN	Proper date marking and disposition
3	IN	Management, food employees and conditional employee; knowledge, responsibilities and reporting	24	N/A	Time as a public health control: procedures & records
4	IN	Proper use of restriction and exclusion	Consumer Advisory		
5	IN	Procedures for responding to vomiting and diarrheal events	25	N/A	Consumer advisory provided for raw or undercooked foods
Good Hygienic Practices			Highly Susceptible Populations		
6	IN	Proper eating, tasting, drinking, or tobacco use	26	IN	Pasteurized foods used; prohibited foods not offered
7	IN	No discharge from eyes, nose, and mouth	Chemical		
Preventing Contamination by Hands			27	N/A	Food additives: approved and properly used
8	N/O	Hands clean and properly washed	28	IN	Toxic substances properly identified, stored, used
9	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	Conformance with Approved Procedures		
10	IN	Adequate handwashing facilities supplied & accessible	29	N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP Plan
Approved Source			30	N/A	Special Requirements: Fresh Juice Production
11	IN	Food obtained from approved source	31	N/A	Special Requirements: Heat Treatment Dispensing Freezers
12	N/O	Food received at proper temperature	32	N/A	Special Requirements: Custom Processing
13	IN	Food in good condition, safe, and unadulterated	33	N/A	Special Requirements: Bulk Water Machine Criteria
14	N/A	Required records available: shellstock tags, parasite destruction	34	N/A	Special Requirements: Acidified White Rice Preparation Criteria
Protection From Contamination			35	N/A	Critical Control Point Inspection
15	IN	Food separated and protected	36	N/A	Process Review
16	IN	Food-contact surfaces: cleaned and sanitized	37	N/A	Variance
17	IN	Proper disposition of returned, previously served, reconditioned, and unsafe food	<div style="border: 1px solid black; padding: 5px;"> <p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public Health Interventions are control measures to prevent foodborne illness or injury.</p> </div>		
Time/Temperature Controlled for Safety Food (TCS food)					
18	N/A	Proper cooking time and temperatures			
19	N/A	Proper reheating procedures for hot holding			
20	N/A	Proper cooling time and temperatures			

HEA 5302A Ohio Department of Health (6/18)

AGR 1268 Ohio Department of Agriculture (6/18)

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

Name of facility CLAYMONT ELEMENTARY	Type of Inspection Standard	Date 9-Apr-2019
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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=Out of Compliance N/O=Not Observed N/A=Not Applicable			
Safe Food and Water		Utensils, Equipment and Vending	
38	N/A	Pasteurized eggs used where required	54 OUT Food and non-food contact surfaces cleanable, proper designed, constructed, and used
39	IN	Water and ice from approved source	55 IN Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	N/A	Proper cooling methods used; adequate equipment for temp control	56 IN Non-food contact surfaces clean
41	N/A	Plant food properly cooked for hot holding	57 IN Hot and cold water available; adequate pressure
42	IN	Approved thawing methods used	58 IN Plumbing installed; proper backflow devices
43	IN	Thermometers provided and accurate	59 IN Sewage and waste water properly disposed
Food Identification		Administrative	
44	IN	Food properly labeled; original container	60 IN Toilet facilities: properly constructed, supplied, cleaned
Prevention of Food Contamination		Physical Facilities	
45	IN	Insects, rodents, and animals not present/outer openings protected	61 IN Garbage/refuse properly disposed; facilities maintained
46	IN	Contamination prevented during food preparation, storage & display	62 IN Physical facilities installed, maintained, and cleaned
47	IN	Personal cleanliness	63 IN Adequate ventilation and lighting; designated areas used
48	IN	Wiping cloths: properly used and stored	64 IN Existing Equipment and Facilities
49	N/A	Washing fruits and vegetables	65 N/A 901-3-4 OAC
Proper Use of Utensils		Administrative	
50	N/A	In-use utensils: properly stored	66 IN 3701-21 OAC
51	IN	Utensils, equipment and linens: properly stored, dried, handled	
52	IN	Single-use/single-service articles: properly stored, used	
53	IN	Slash-resistant and cloth glove use	

Observations and Corrective Actions					
Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation PRIORITY LEVEL: C=CRITICAL NC=NON-CRITICAL					
Item No.	Code Section	Priority Level	Comment	COS	R
02	3717-1-02.4(A)(2)	NC	Observations: Facility does not have an employee with level two certification in food protection at time of inspection.		
54	3717-1-04.1(H)	NC	Observations: Observed raw wood shelving in dry storage area at time of inspection, rendering them not easily cleanable.		X
No food prep at time of inspection. Serving prepackaged sandwiches and whole fruit or packaged fruit cups. Kitchen was clean and all temperatures were good.					
Person in Charge Mr. Page Sanitarian Angie AKF Frantz				Date 9-Apr-2019 Licenser Tuscarawas County Health Department	

HEA 5302B Ohio Department of Health (6/18)
 AGR 1268 Ohio Department of Agriculture (6/18)

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

Name of facility CLAYMONT INTERMEDIATE SCHOOL	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number JJOS-9FBJ64	Date 9-Apr-2019
Address 220 N 3rd ST		City/State/Zip Code DENNISON OH 44621	
License holder CLAYMONT LOCAL BOARD OF EDUCATION	Inspection Time 75	Travel Time 0	Category/Descriptive Non-Commercial FSO < 25000 sq. ft. - Risk Level III
Type of Inspection Standard	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=Out of Compliance N/O=Not Observed N/A=Not Applicable

Supervision			Time/Temperature Controlled for Safety Food (TCS food)		
1	IN	Person in charge present, demonstrates knowledge, and performs duties	21	N/A	Proper hot holding temperatures
2	IN	Certified Food Protection Manager	22	IN	Proper cold holding temperatures
Employee Health			23	IN	Proper date marking and disposition
3	IN	Management, food employees and conditional employee; knowledge, responsibilities and reporting	24	N/A	Time as a public health control: procedures & records
4	IN	Proper use of restriction and exclusion	Consumer Advisory		
5	IN	Procedures for responding to vomiting and diarrheal events	25	N/A	Consumer advisory provided for raw or undercooked foods
Good Hygienic Practices			Highly Susceptible Populations		
6	IN	Proper eating, tasting, drinking, or tobacco use	26	N/A	Pasteurized foods used; prohibited foods not offered
7	IN	No discharge from eyes, nose, and mouth	Chemical		
Preventing Contamination by Hands			27	N/A	Food additives: approved and properly used
8	IN	Hands clean and properly washed	28	IN	Toxic substances properly identified, stored, used
9	IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	Conformance with Approved Procedures		
10	IN	Adequate handwashing facilities supplied & accessible	29	N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP Plan
Approved Source			30	N/A	Special Requirements: Fresh Juice Production
11	IN	Food obtained from approved source	31	N/A	Special Requirements: Heat Treatment Dispensing Freezers
12	N/O	Food received at proper temperature	32	N/A	Special Requirements: Custom Processing
13	IN	Food in good condition, safe, and unadulterated	33	N/A	Special Requirements: Bulk Water Machine Criteria
14	N/A	Required records available: shellstock tags, parasite destruction	34	N/A	Special Requirements: Acidified White Rice Preparation Criteria
Protection From Contamination			35	N/A	Critical Control Point Inspection
15	IN	Food separated and protected	36	N/A	Process Review
16	IN	Food-contact surfaces: cleaned and sanitized	37	N/A	Variance
17	IN	Proper disposition of returned, previously served, reconditioned, and unsafe food	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.		
Time/Temperature Controlled for Safety Food (TCS food)					
18	N/A	Proper cooking time and temperatures			
19	N/A	Proper reheating procedures for hot holding			
20	N/A	Proper cooling time and temperatures			

HEA 5302A Ohio Department of Health (6/18)
 AGR 1268 Ohio Department of Agriculture (6/18)

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

Name of facility CLAYMONT INTERMEDIATE SCHOOL	Type of Inspection Standard	Date 9-Apr-2019
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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=Out of Compliance N/O=Not Observed N/A=Not Applicable			
Safe Food and Water		Utensils, Equipment and Vending	
38	N/A	Pasteurized eggs used where required	54
39	IN	Water and ice from approved source	55
Food Temperature Control		Physical Facilities	
40		Proper cooling methods used; adequate equipment for temp control	57
41	N/A	Plant food properly cooked for hot holding	58
42	IN	Approved thawing methods used	59
43	IN	Thermometers provided and accurate	60
Food Identification		Administrative	
44	IN	Food properly labeled; original container	65
Prevention of Food Contamination		Existing Equipment and Facilities	
45	IN	Insects, rodents, and animals not present/outer openings protected	66
46	IN	Contamination prevented during food preparation, storage & display	
47	IN	Personal cleanliness	
48	N/O	Wiping cloths: properly used and stored	
49	N/O	Washing fruits and vegetables	
Proper Use of Utensils			
50		In-use utensils: properly stored	
51	IN	Utensils, equipment and linens: properly stored, dried, handled	
52	IN	Single-use/single-service articles: properly stored, used	
53	N/A	Slash-resistant and cloth glove use	

Observations and Corrective Actions					
Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation PRIORITY LEVEL: C=CRITICAL NC=NON-CRITICAL					
Item No.	Code Section	Priority Level	Comment	COS	R
		NC	Observations:		
Foods from transport (milk, pizza, hamburgers) were not observed for temperature monitoring at the time of inspection. However, any hot or cold temperature controlled for safety food items must be delivered and received at proper temperatures. Cold holding 41F or below, hot holding 135F or above.					
Person in Charge				Date	
Sanitarian				Licensor	
Gregory GRD Dion				Tuscarawas County Health Department	

HEA 5302B Ohio Department of Health (6/18)
 AGR 1268 Ohio Department of Agriculture (6/18)

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

Name of facility CLAYMONT MIDDLE SCHOOL	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number JJOS-9FBJ7Q	Date 9-Apr-2019
Address 215 E 6th ST		City/State/Zip Code UHRICHSVILLE OH 44683	
License holder CLAYMONT LOCAL BOARD OF EDUCATION	Inspection Time 45	Travel Time 0	Category/Descriptive Non-Commercial FSO < 25000 sq. ft. - Risk Level III
Type of Inspection Standard	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=Out of Compliance N/O=Not Observed N/A=Not Applicable

Supervision			Time/Temperature Controlled for Safety Food (TCS food)		
1	IN	Person in charge present, demonstrates knowledge, and performs duties	21	N/A	Proper hot holding temperatures
2	OUT	Certified Food Protection Manager	22	IN	Proper cold holding temperatures
Employee Health			23	IN	Proper date marking and disposition
3	IN	Management, food employees and conditional employee; knowledge, responsibilities and reporting	24	N/A	Time as a public health control: procedures & records
4	IN	Proper use of restriction and exclusion	Consumer Advisory		
5	IN	Procedures for responding to vomiting and diarrheal events	25	N/A	Consumer advisory provided for raw or undercooked foods
Good Hygienic Practices			Highly Susceptible Populations		
6	IN	Proper eating, tasting, drinking, or tobacco use	26	IN	Pasteurized foods used; prohibited foods not offered
7	IN	No discharge from eyes, nose, and mouth	Chemical		
Preventing Contamination by Hands			27	N/A	Food additives: approved and properly used
8	N/O	Hands clean and properly washed	28	IN	Toxic substances properly identified, stored, used
9	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	Conformance with Approved Procedures		
10	IN	Adequate handwashing facilities supplied & accessible	29	N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP Plan
Approved Source			30	N/A	Special Requirements: Fresh Juice Production
11	IN	Food obtained from approved source	31	N/A	Special Requirements: Heat Treatment Dispensing Freezers
12	N/O	Food received at proper temperature	32	N/A	Special Requirements: Custom Processing
13	IN	Food in good condition, safe, and unadulterated	33	N/A	Special Requirements: Bulk Water Machine Criteria
14	N/A	Required records available: shellstock tags, parasite destruction	34	N/A	Special Requirements: Acidified White Rice Preparation Criteria
Protection From Contamination			35	N/A	Critical Control Point Inspection
15	IN	Food separated and protected	36	N/A	Process Review
16	IN	Food-contact surfaces: cleaned and sanitized	37	N/A	Variance
17	IN	Proper disposition of returned, previously served, reconditioned, and unsafe food	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.		
Time/Temperature Controlled for Safety Food (TCS food)					
18	N/A	Proper cooking time and temperatures			
19	N/A	Proper reheating procedures for hot holding			
20	N/A	Proper cooling time and temperatures			

HEA 5302A Ohio Department of Health (6/18)
 AGR 1268 Ohio Department of Agriculture (6/18)

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility CLAYMONT MIDDLE SCHOOL	Type of Inspection Standard	Date 9-Apr-2019
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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=Out of Compliance N/O=Not Observed N/A=Not Applicable

Safe Food and Water			Utensils, Equipment and Vending		
38	IN	Pasteurized eggs used where required	54	OUT	Food and non-food contact surfaces cleanable, proper designed, constructed, and used
39	IN	Water and ice from approved source	55	IN	Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control			Physical Facilities		
40	N/A	Proper cooling methods used; adequate equipment for temp control	57	IN	Hot and cold water available; adequate pressure
41	N/A	Plant food properly cooked for hot holding	58	IN	Plumbing installed; proper backflow devices
42	IN	Approved thawing methods used	59	IN	Sewage and waste water properly disposed
43	IN	Thermometers provided and accurate	60	IN	Toilet facilities: properly constructed, supplied, cleaned
Food Identification			61	IN	Garbage/refuse properly disposed; facilities maintained
44	IN	Food properly labeled; original container	62	IN	Physical facilities installed, maintained, and cleaned
Prevention of Food Contamination			63	IN	Adequate ventilation and lighting; designated areas used
45	IN	Insects, rodents, and animals not present/outer openings protected	64	IN	Existing Equipment and Facilities
46	IN	Contamination prevented during food preparation, storage & display	Administrative		
47	IN	Personal cleanliness	65	N/A	901:3-4 OAC
48	N/O	Wiping cloths: properly used and stored			
49	N/O	Washing fruits and vegetables	66	IN	3701-21 OAC
Proper Use of Utensils					
50	N/A	In-use utensils: properly stored			
51	IN	Utensils, equipment and linens: properly stored, dried, handled			
52	IN	Single-use/single-service articles: properly stored, used			
53	IN	Slash-resistant and cloth glove use			

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation
PRIORITY LEVEL: C=CRITICAL NC=NON-CRITICAL

Item No.	Code Section	Priority Level	Comment	COS	R
02	3717-1-02.4(A)(2)	NC	Observations: Facility does not have an employee with level two certification in food protection at time of inspection.		
54	3717-1-04.1(H)	NC	Observations: Observed floor of walk-in cooler rusty and not easily cleanable at time of inspection.		

No food prep at time of inspection. Serving prepackaged sandwiches and whole fruit or packaged fruit cups. Kitchen was clean and all temperatures were good.

Person in Charge Mr. Watkins	Date 9-Apr-2019
Sanitarian Angie AKF Frantz	Licensor Tuscarawas County Health Department

HEA 5302B Ohio Department of Health (6/18)
AGR 1268 Ohio Department of Agriculture (6/18)

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

Name of facility CLAYMONT HIGH SCHOOL	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number JJOS-9F8S2B	Date 9-Apr-2019
Address 4205 INDIAN HILL RD		City/State/Zip Code UHRICHSVILLE OH 44683	
License holder CLAYMONT LOCAL BOARD OF EDUCATION	Inspection Time 45	Travel Time 0	Category/Descriptive Non-Commercial FSO < 25000 sq. ft. - Risk Level IV
Type of Inspection Standard/Critical Control Point	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=Out of Compliance N/O=Not Observed N/A=Not Applicable

Supervision			Time/Temperature Controlled for Safety Food (TCS food)		
1	IN	Person in charge present, demonstrates knowledge, and performs duties	21	N/O	Proper hot holding temperatures
2	IN	Certified Food Protection Manager	22	IN	Proper cold holding temperatures
Employee Health			23	IN	Proper date marking and disposition
3	IN	Management, food employees and conditional employee; knowledge, responsibilities and reporting	24	N/A	Time as a public health control: procedures & records
4	IN	Proper use of restriction and exclusion	Consumer Advisory		
5	IN	Procedures for responding to vomiting and diarrheal events	25	N/A	Consumer advisory provided for raw or undercooked foods
Good Hygienic Practices			Highly Susceptible Populations		
6	IN	Proper eating, tasting, drinking, or tobacco use	26	IN	Pasteurized foods used; prohibited foods not offered
7	IN	No discharge from eyes, nose, and mouth	Chemical		
Preventing Contamination by Hands			27	N/A	Food additives: approved and properly used
8	IN	Hands clean and properly washed	28	IN	Toxic substances properly identified, stored, used
9	IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	Conformance with Approved Procedures		
10	IN	Adequate handwashing facilities supplied & accessible	29	N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP Plan
Approved Source			30	N/A	Special Requirements: Fresh Juice Production
11	IN	Food obtained from approved source	31	N/A	Special Requirements: Heat Treatment Dispensing Freezers
12	N/O	Food received at proper temperature	32	N/A	Special Requirements: Custom Processing
13	IN	Food in good condition, safe, and unadulterated	33	N/A	Special Requirements: Bulk Water Machine Criteria
14	N/A	Required records available: shellstock tags, parasite destruction	34	N/A	Special Requirements: Acidified White Rice Preparation Criteria
Protection From Contamination			35	IN	Critical Control Point Inspection
15	OUT	Food separated and protected	36	N/A	Process Review
16	IN	Food-contact surfaces: cleaned and sanitized	37	N/A	Variance
17	IN	Proper disposition of returned, previously served, reconditioned, and unsafe food	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.		
Time/Temperature Controlled for Safety Food (TCS food)					
18	N/O	Proper cooking time and temperatures			
19	N/O	Proper reheating procedures for hot holding			
20	N/A	Proper cooling time and temperatures			

HEA 5302A Ohio Department of Health (6/18)
 AGR 1268 Ohio Department of Agriculture (6/18)

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

Name of facility CLAYMONT HIGH SCHOOL	Type of Inspection Standard/Critical Control Point	Date 9-Apr-2019
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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=Out of Compliance N/O=Not Observed N/A=Not Applicable

Safe Food and Water			Utensils, Equipment and Vending		
38	IN	Pasteurized eggs used where required	54	IN	Food and non-food contact surfaces cleanable, proper designed, constructed, and used
39	IN	Water and ice from approved source	55	IN	Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control			Physical Facilities		
40	N/A	Proper cooling methods used; adequate equipment for temp control	57	IN	Hot and cold water available; adequate pressure
41	N/O	Plant food properly cooked for hot holding	58	IN	Plumbing installed; proper backflow devices
42	IN	Approved thawing methods used	59	IN	Sewage and waste water properly disposed
43	IN	Thermometers provided and accurate	60	IN	Toilet facilities: properly constructed, supplied, cleaned
Food Identification			61	IN	Garbage/refuse properly disposed; facilities maintained
44	IN	Food properly labeled; original container	62	IN	Physical facilities installed, maintained, and cleaned
Prevention of Food Contamination			63	IN	Adequate ventilation and lighting; designated areas used
45	IN	Insects, rodents, and animals not present/outer openings protected	64	IN	Existing Equipment and Facilities
46	IN	Contamination prevented during food preparation, storage & display	Administrative		
47	IN	Personal cleanliness	65	N/A	901:3-4 OAC
48	N/O	Wiping cloths: properly used and stored	66	IN	3701-21 OAC
49	N/O	Washing fruits and vegetables			
Proper Use of Utensils					
50	N/O	In-use utensils: properly stored			
51	IN	Utensils, equipment and linens: properly stored, dried, handled			
52	IN	Single-use/single-service articles: properly stored, used			
53	IN	Slash-resistant and cloth glove use			

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: COS=corrected on-site during inspection R=repeat violation
 PRIORITY LEVEL: C=CRITICAL NC=NON-CRITICAL

Item No.	Code Section	Priority Level	Comment	COS	R
15	3717-1-03.2(C)	C	Observations: Observed raw eggs stored above ready to eat foods at time of inspection.	X	
56	3717-1-04.5(A)(3)	NC	Observations: Observed food debris in microwave at time of inspection.		

No food prep was being done at time of inspection. Serving prepackaged sandwiches and whole fruit or packaged fruit cups. Kitchen was clean and all temperatures were good.

Person in Charge Andrea Burleson	Date 9-Apr-2019
Sanitarian Angie AKF Frantz	Licensor Tuscarawas County Health Department

HEA 5302B Ohio Department of Health (6/18)
 AGR 1268 Ohio Department of Agriculture (6/18)