

Facility Name: JPK ORGANICS, LLC

DBA:

Address: 9194 STATE ROUTE 505 HAMERSVILLE, OH 45130

Phone: (513) 708-0575

Email: JPKFOODS@GMAIL.COM

Fax:

Conducted With: DIANA GARRETT

Title: OWNER

Yes No N/A Not Observed

General Provisions

- | | | | | | |
|---|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1 | Are all individuals qualified to perform their duties? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | Are employees trained in the principles of food hygiene and food safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 | Are records documenting training of qualified individuals maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 | Are records available, accurate, indelible, and legible and identified correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 | Are records retained for the required time? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Personnel

- | | | | | | |
|----|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 6 | Are personnel with sores, infections, etc., restricted from handling food product? Are personnel instructed to report such conditions to their supervisors? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 | Do employees maintain personal cleanliness, wash/sanitize hands as necessary and wear clean outer garments to protect against allergen cross-contact and against contamination of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 | Do employees wear effective hair restraints, remove unsecured jewelry and maintain gloves in sanitary manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 | Do employees refrain from eating or drinking food, chewing gum or using tobacco and are personal items stored appropriately? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 | Are other precautions taken to protect against allergen cross-contact and contamination with microorganisms or foreign substances? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Plants and Grounds

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 11 | Do grounds appear free of harborage and/or breeding places for pests? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 | Are roads, yards and parking lots maintained; are drainage and waste treatment and disposal systems adequate to avoid contamination of the facility and products? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 | Is there sufficient space for equipment and storage to maintain a sanitary operation? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14 | Is the potential of contamination and allergen cross-contact reduced by separation of operations, SSOPs and/or operating practices? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15 | Are adequate precautions taken to protect food in outdoor bulk vessels? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16 | Are walls, floors and ceilings designed to be adequately cleaned and kept in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17 | Are food and food contact surfaces protected from contamination from drips and condensate from fixtures, ducts and pipes? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18 | Is there sufficient space to permit employees to perform their duties and to protect against contaminating food, food-contact surfaces, or food packaging materials with clothing or personal contact? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

GOOD MANUFACTURING PRACTICES INSPECTION REPORT

FACILITY NAME: JPK ORGANICS, LLC

DATE INSPECTED: 08/20/2020
 Yes No N/A Not Observed

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 19 | Is the lighting adequate for the operation being performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20 | Are exposed food products protected from contamination from breakage of light bulbs or other glass fixtures? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21 | Is the ventilation adequate to prevent contamination and allergen cross-contact by dust and other airborne substances? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22 | Are openings effectively screened or protected against entry of pests? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Sanitary Operations

- | | | | | | |
|----|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 23 | Are physical facilities in good repair and maintained in a sanitary condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24 | Are cleaning and sanitizing of utensils and equipment conducted in a manner that protects against allergen cross-contact and contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 25 | Are cleaning compounds and sanitizing agents free from undesirable microorganisms and used in a safe and effective manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 26 | Are toxic materials identified and stored properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27 | Are animal and pest control measures in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28 | Are all food-contact surfaces cleaned and sanitized as frequently as necessary to protect against allergen cross-contact and contamination of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29 | Are non-food contact surfaces cleaned in a manner and as frequently as necessary to protect against allergen cross-contact and contamination of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30 | Are single service articles stored, handled and disposed of in a manner to protect from allergen cross-contact and contamination of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31 | Are food contact surfaces of cleaned and sanitized portable equipment and utensils protected from allergen cross-contact and contamination of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Sanitary Facilities and Controls

- | | | | | | |
|----|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 32 | Is the water supply safe and from an adequate source, at suitable temperature and under pressure as needed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Is the nonpublic water system sampled annually; are the test results retained on file? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 34 | Is plumbing of adequate size, design and adequately installed and maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 35 | Is sewage disposed of into an adequate sewerage system or disposed of through other adequate means? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 36 | Are toilet facilities accessible, in good repair, and not a source of contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 37 | Are handwashing facilities adequate, conveniently located and with running water at a suitable temperature? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 38 | Are there proper refuse receptacles for handling and disposal of refuse to protect against contamination, minimize the development of odor, and attractant and harborage or breeding place for pests? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Equipment and Utensils

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 39 | Are equipment and utensils designed and constructed to be adequately cleaned and maintained to protect against allergen cross-contact and contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

GOOD MANUFACTURING PRACTICES INSPECTION REPORT

FACILITY NAME: JPK ORGANICS, LLC

DATE INSPECTED: 08/20/2020
 Yes No N/A Not Observed

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 63 | Are filling, assembling and packaging operations protected against allergen-cross-contact, contamination and growth of undesirable microorganisms? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 64 | Is water activity controlled and maintained where applicable? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 65 | Is pH controlled and monitored where applicable? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 66 | Is ice used in contact with food from an approved source? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Warehousing and Distribution

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 67 | Are storage conditions adequate as to protect product against allergen cross-contact, contamination, deterioration, adulteration? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 68 | Are transportation conditions adequate as to protect product against allergen cross-contact, contamination, deterioration, adulteration? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Human Food By-Products

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 69 | Are human food by-products intended for distribution as animal food held under conditions that will protect against contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 70 | Are human food by-products held for use as animal food accurately identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 71 | Is labeling provided for a human food by-product intended for animal food, when distributed, which identifies the common or usual name of the by-product? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 72 | Are shipping containers and bulk vehicles used to distribute human food by-products for use as animal food examined prior to use to ensure protection against contamination of the human food by-products for use as animal food from the container? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Defect Action Levels

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 73 | Are quality control operations utilized to reduce natural or unavoidable defects? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 74 | Are foods that contain defects at levels that render it adulterated kept separate from other lots of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Food Labeling

- | | | | | | |
|----|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 75 | Does labeling comply with 21 C.F.R. Part 101 Food Labeling? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

OTHER INSPECTIONS

- JUICE:
- SEAFOOD:
- SHELLFISH:
- ACIDIFIED CANNING:
- LOW ACID CANNING:
- PREVENTIVE CONTROLS:

GOOD MANUFACTURING PRACTICES INSPECTION REPORT

FACILITY NAME: JPK ORGANICS, LLC

DATE INSPECTED: 08/20/2020

Yes No N/A Not Observed

- 40 Does equipment and utensils used preclude allergen cross-contact, contamination or the adulteration of food?
- 41 Are holding, conveying and manufacturing systems maintained in an appropriate sanitary condition?
- 42 Are temperature devices, food measuring instruments and controls accurate, maintained and correctly located?
- 43 Are gases used in food or on equipment uncontaminated?

Processes and Controls

- 44 Are operations conducted in accordance with adequate sanitation principles?
- 45 Is plant sanitation under the supervision of a competent individual?
- 46 Are precautions adequate to ensure that production procedures did not contribute to allergen cross-contact and to contamination?
- 47 Are appropriate quality control operations in place to ensure that food is suitable for human consumption and food-packaging materials are safe and suitable?
- 48 Are testing procedures used, where necessary, to identify sanitation failures, possible allergen cross-contact and food contamination?
- 49 Are raw materials and other ingredients inspected, segregated and are they otherwise handled to ensure protection against allergen cross-contact, contamination and are they cleaned as necessary and suitable for processing?
- 50 Are raw materials and other ingredients unadulterated by pathogenic microorganisms or treated to ensure they are no longer adulterated by pathogenic microorganisms?
- 51 Is the firm compliant with applicable FDA regulations for natural or unavoidable defects, if required?
- 52 Are materials scheduled for rework identified?
- 53 Are raw materials or other ingredients thawed in a manner that prevents them from becoming adulterated?
- 54 Are raw materials and other ingredients that are food allergens and/or rework that contains food allergens held and identified in a manner that protects against allergen cross-contact and contamination?
- 55 Are equipment, utensils and containers properly maintained in an adequate condition through appropriate cleaning and sanitizing?
- 56 Are operations conducted under conditions and controls necessary to minimize the potential for growth of microorganisms, allergen cross-contact and contamination of food and deterioration of food?
- 57 Are adequate measures taken to destroy or prevent the growth of undesirable microorganisms?
- 58 Is work-in-progress and rework handled in a manner that protects against allergen cross-contact, contamination and growth of undesirable microorganisms?
- 59 Is finished food protected from allergen cross-contact and contamination by raw materials, other ingredients, or refuse?
- 60 Are food equipment, utensils, and containers protected against allergen cross-contact and contamination?
- 61 Are there measures in place for exclusion of metal or other extraneous matter?
- 62 Are adulterated foods and raw materials handled properly?

GOOD MANUFACTURING PRACTICES INSPECTION (CURRENT)

FACILITY NAME: JPK ORGANICS, LLC

DATE INSPECTED: 08/20/2020

Specialist:



Operator:



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

Name of facility JPK Organics LLC	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 120	Date Aug 21, 2020
Address 9194 St Rt 505	City/Zip Code Hammerville, Oh 45130		
License holder Diana Garrett	Inspection Time 30	Travel Time 0	Category/Descriptive Mobile
Type of Inspection (check all that apply) <input checked="" 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 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	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Management, food employees and conditional employee; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<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>	
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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			
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input 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			

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>JPK Organics LLC</i>	Type of Inspection <i>Standard</i>	Date <i>Aug 21, 2020</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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Pasturized 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	55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Plant food properly cooked for hot holding		Hot and cold water available; adequate pressure	
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Approved thawing methods used		Plumbing installed; proper backflow devices	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Thermometers provided and accurate		Sewage and waste water properly disposed	
Food Identification		60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Food properly labeled; original container		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Garbage/refuse properly disposed; facilities maintained	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	901:3-4 OAC	
Washing fruits and vegetables		66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
In-use utensils: properly stored			
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
Utensils, equipment and linens: properly stored, dried, handled			
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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

Item No.	Code Section	Priority Level	Comment	COS	R
				<input type="checkbox"/>	<input type="checkbox"/>
			<i>No violations at time of inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			<i>Generator: Reiner 2200 watts 15 amp unit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Heather Auett</i>	Date: <i>8/21/2020</i>
Sanitarian <i>Heather Auett, #3646</i>	Licensors: <i>Brown County Health Dept</i>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

Page 2 of 2

Handwritten notes and scribbles at the top right of the page.

Main body of text on the left page, containing several paragraphs of dense, mostly illegible handwritten notes.

Main body of text on the right page, containing several paragraphs of dense, mostly illegible handwritten notes.

A large table on the left page with multiple columns and rows, mostly containing illegible text or numbers.

A large table on the right page with multiple columns and rows, mostly containing illegible text or numbers.

Handwritten notes at the bottom of the left page, including a date and other illegible text.

Handwritten notes at the bottom of the right page, including a date and other illegible text.



Retail Food Establishment License

License No. **120**

Audit No. 8281484

Licensors Brown County Health Department
Name of Facility/License Holder JPK ORGANICS LLC / DIANA GARRETT
Address/City/State/Zip 9194 STATE ROUTE 505 HAMERSVILLE, OH 45130
Category/Descriptive MOBILE

This license has been issued in accordance with the requirements of Chapter 3717 of the Ohio Revised Code and is subject to revocation or suspension for cause and is not transferable without consent of the licenser.

This license shall expire on March 1, 2021

08/21/2020

Date

Health Commissioner

AGR 1270 (Rev. 10/07)

This license must be displayed in a conspicuous place at the location

Ohio Department of Agriculture

Brown County Health Department
826 MT. ORAB PIKE
GEORGETOWN, OH 45121

Description	Address/Comment	#	Quantity	Amount
MOBILE FOOD LICENSE	2020 MOBILE LICENSE	120	1	148.00
TOTAL:				148.00

CASH

By: JF

Received From: JPK ORGANICS LLC

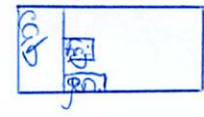
66255

Receipt No.:

Date: 08/21/2020

Eggs

Lic: OH/PKX7787



Generator:
Rainer 2200 with
15 amp unit

10x10 tent may
accompany unit
with 2 ~~1/2~~ 1/2 tables.

Facility is approved
to operate on Aug 21, 2021.

Horton Street, R 3206

4841828