

Facility Name: CHAFFIELD ESTATE

DBA: CF RANCH AND CATTLE COMPANY

Address: 6900 RICE HILL ROAD BURBANK, OH 44214

Phone: (330) 641-2377

Email: CFCATTLERANCH@GMAIL.COM

Fax:

Conducted With: AMY PEEPLES

Title: GENERAL MANAGER

		Yes	No	N/A	Not Observed
1	Are all individuals qualified to perform their duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Are employees trained in the principles of food hygiene and food safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Are records documenting training of qualified individuals maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Are records available, accurate, indelible, and legible and identified correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Are records retained for the required time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Are personnel with sores, infections, etc., restricted from handling food product and are they instructed to report such conditions to their supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
10	Do grounds appear free of harborage and/or breeding places for pests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	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 type="checkbox"/>	<input checked="" type="checkbox"/>
12	Are walls, floors and ceilings designed to be adequately cleaned and kept in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Is the lighting adequate for the operation being performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Are exposed food products protected from contamination from breakage of light bulbs or other glass fixtures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Are openings effectively screened or protected against entry of pests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Are physical facilities in good repair and maintained in a sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Are toxic materials used in a safe and effective manner and identified and stored properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Are animal and pest control measures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Is the water supply safe and from an adequate source, at suitable temperature and under pressure as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

WAREHOUSE INSPECTION REPORT

FACILITY NAME: CHAFFIELD ESTATE

DATE INSPECTED: 05/04/2020
 Yes No N/A Not Observed

20	Is the nonpublic water system sampled annually; are the test results retained on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	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 type="checkbox"/>	<input checked="" type="checkbox"/>
22	Are food-measuring instruments and controls accurate, maintained and correctly located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Are storage conditions adequate as to protect product against allergen cross-contact, contamination, deterioration, adulteration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	Are transportation conditions adequate as to protect product against allergen cross-contact, contamination, deterioration, adulteration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER INSPECTIONS:


PC:
 SEAFOOD:
 SHELLFISH:

Line #	Violation / Comments	Correction Date
0	FIRM IS CURRENT WITH ODA REGISTRATION. RECEIVED NEGATIVE WELL WATER TEST VIA EMAIL DATED 4/24/20.	

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Yes No N/A Not Observed

Specialist  _____

Operator _____