



City of Napoleon, Ohio

Zoning Department

255 West Riverview Avenue, P.O. Box 151

Napoleon, OH 43545

Kevin Schultheis Code Enforcement / Zoning Administrator

Telephone: (419) 592-4010 Fax: (419) 599-8393

www.napoleonohio.com

COMMERCIAL ZONING PERMIT

Issued Date: February 14, 2024

Expiration Date: February 14, 2024

Permit Number: P-24-013

Job Location: 1212 Scott Street

Owner: Auto Zone
1212 Scott Street
Napoleon, OH 43545

Vendor: Fat Daddy's Co
c/o Bobby Yoho

Phone: 1-330-274-1158

Zone: C-4: Planned Commercial

Comments: Food Sales in a private parking lot

Permit Type: Zoning

Fee: \$50.00

Status: Paid

Amount Due: \$0.00

Kevin Schultheis
Code Enforcement/Zoning Administrator



City of Napoleon, Ohio

P-24-03

Zoning Department

255 West Riverview Avenue, P.O. Box 151
Napoleon, OH 43545

Kevin Schulteis Code Enforcement / Interim Zoning Administrator
Telephone: (419) 592-4010 Fax: (419) 599-8393
www.napoleonohio.com

Commercial Zoning Permit Application

Date 2/14/2024 Job Location _____

Owner Matt Webster Telephone # 330-274-1158

Owner Address 254 Federal Ave NW Massillon, OH 44646

Contractor _____ Cell Phone # _____

Description of Work to be Performed Food Sales in a Private Parking Lot

Estimated Completion Date 2/14/2024 Estimated Cost _____

Demo Permit - \$100.00 – See Separate Form	(MDEMO 100.1700.46690)	\$
Zoning Permit - \$50.00	(MZON 100.1700.46690)	\$ 50.00
Fence - \$25.00	(MZON 100.1700.46690)	\$
Garage and Shed 120 SF or less (Detached) - \$25.00	(MZON 100.1700.46690)	\$
Parking lot /Driveway/Sidewalk/Curbing - \$0.00	(MZON 100.1700.46690)	\$
Drainage Permit/Outside Water/Sewer Repair - \$0.00	(MBLDG 510.0000.47300)	\$
1" Water Tap, 5/8" Meter, Copper Setter and Transmitter - \$1,200.00(Outside City - \$1,680)	(MBLDG 510.0000.47300)	\$
1" Water Tap, 3/4" Meter, Copper Setter and Transmitter - \$1,300.00(Outside City - \$1,820)	(MBLDG 510.0000.47300)	\$
1" Water Tap, 1" Meter, Copper Setter and Transmitter - \$1,400.00 (Outside City - \$1,960)	(MBLDG 510.0000.47300)	\$
1 1/2" Water Tap and Larger - See Operations Superintendent		\$
1" Meter, Copper Setter and Transmitter Without Tap - \$525.00	(MBLDG 510.0000.44730)	\$
3/4" Meter, Copper Setter and Transmitter Without Tap - \$440.87	(MBLDG 510.0000.44730)	\$
5/8" Meter, Copper Setter and Transmitter Without Tap - \$350.00	(MBLDG 510.0000.44730)	\$
Sewer Tap for All Commercial and Industrial Uses - \$600.00	(MBLDG 510.0000.44730)	\$
Sewer Tap Inspection Fee, M.F., Comm., Indust. 50 L.F. or Less - \$100.00	(MBLDG 510.0000.44730)	\$
Sewer Tap, M.F., Comm., Indust, 51 L.F. or More - \$100.00 + \$10.00 for each 50 L.F.	(MBLDG 510.0000.44730)	\$
Manufactured Home Court - \$87.00 Per Dwelling	(MBLDG 510.0000.44730)	\$
Sewer Main Extension in Right of Way Inspection – 2% of Construction Cost	(MBLDG 510.0000.44730)	\$
Inspection Fee Outside the Corporation Limits – Increase 50%	(MBLDG 510.0000.44730)	\$
TOTAL FEE:		\$ 50.00

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON ZONING DEPARTMENT. I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: Bae yah DATE: 2/14/2024

BATCH #	CHECK #	DATE
---------	---------	------



Department of Agriculture Retail Food Establishment License

Audit Number:
BPEI-CURQX8

License No.
CGAR-BYQKVE

Licenser	Massillon City Health Department, 611 Erie St. S, Massillon, OH, 44646
Name of Facility/License Holder	Fat Daddy's #5330, Fat Daddy's Co.
Address/City/State/Zip	254 Federal Ave NW, Massillon, OH, 44647
Category / Descriptive	Mobile Retail Food Establishment - 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, 2024

16-Aug-2023
Date

Terri Argent, REHS
Health Commissioner

Fat Daddy's Co.
ATTN: Matt Webster

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

Name of facility Fat Daddy's #5330	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number CGAR-BYQKVE	Date 8/16/23
Address 254 Federal Ave NW	City/State/Zip Code Massillon		
License holder Fat Daddy's Co.	Inspection Time 20	Travel Time —	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 Fat Daddy's #5330	Type of Inspection standard	Date 8/16/23
----------------------------------------------	---------------------------------------	------------------------

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																																																																		
Pasteurized 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 <input type="checkbox"/> N/A	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <input type="checkbox"/> N/O																																																																		
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		Administrative																																																																			
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A																																																																		
Food properly labeled; original container		Toilet facilities: properly constructed, supplied, cleaned																																																																			
Prevention of Food Contamination		Physical Facilities																																																																			
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A																																																																		
Insects, rodents, and animals not present/outer openings protected		Garbage/refuse properly disposed; facilities maintained																																																																			
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O																																																																		
Contamination prevented during food preparation, storage & display		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas																																																																			
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT																																																																		
Personal cleanliness		Adequate ventilation and lighting; designated areas used																																																																			
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A																																																																		
Wiping cloths: properly used and stored		Existing Equipment and Facilities																																																																			
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative																																																																			
Washing fruits and vegetables		65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A																																																																		
Proper Use of Utensils		901:3-4 OAC																																																																			
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A																																																																		
In-use utensils: properly stored		3701-21 OAC																																																																			
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Observations and Corrective Actions																																																																			
Utensils, equipment and linens: properly stored, dried, handled		Mark "X" in appropriate box for COS and R: COS =corrected on-site during inspection R =repeat violation																																																																			
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item No.</th> <th style="width: 15%;">Code Section</th> <th style="width: 15%;">Priority Level</th> <th style="width: 60%;">Comment</th> <th style="width: 5%;">COS</th> <th style="width: 5%;">R</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;">No concerns noted</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Item No.	Code Section	Priority Level	Comment	COS	R				No concerns noted	<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"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
Item No.	Code Section			Priority Level	Comment	COS	R																																																														
					No concerns noted	<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"/>																																																														
						<input type="checkbox"/>	<input type="checkbox"/>																																																														
				<input type="checkbox"/>	<input type="checkbox"/>																																																																
				<input type="checkbox"/>	<input type="checkbox"/>																																																																
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item No.</th> <th style="width: 15%;">Code Section</th> <th style="width: 15%;">Priority Level</th> <th style="width: 60%;">Comment</th> <th style="width: 5%;">COS</th> <th style="width: 5%;">R</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;">No concerns noted</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Item No.	Code Section	Priority Level	Comment	COS	R				No concerns noted	<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"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
Item No.	Code Section			Priority Level	Comment	COS	R																																																														
					No concerns noted	<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"/>																																																														
						<input type="checkbox"/>	<input type="checkbox"/>																																																														
				<input type="checkbox"/>	<input type="checkbox"/>																																																																
				<input type="checkbox"/>	<input type="checkbox"/>																																																																
Single-use/single-service articles: properly stored, used		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item No.</th> <th style="width: 15%;">Code Section</th> <th style="width: 15%;">Priority Level</th> <th style="width: 60%;">Comment</th> <th style="width: 5%;">COS</th> <th style="width: 5%;">R</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;">No concerns noted</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Item No.	Code Section	Priority Level	Comment	COS	R				No concerns noted	<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"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
Item No.	Code Section			Priority Level	Comment	COS	R																																																														
					No concerns noted	<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"/>																																																														
						<input type="checkbox"/>	<input type="checkbox"/>																																																														
				<input type="checkbox"/>	<input type="checkbox"/>																																																																
				<input type="checkbox"/>	<input type="checkbox"/>																																																																
Slash-resistant, cloth, and latex glove use		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item No.</th> <th style="width: 15%;">Code Section</th> <th style="width: 15%;">Priority Level</th> <th style="width: 60%;">Comment</th> <th style="width: 5%;">COS</th> <th style="width: 5%;">R</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;">No concerns noted</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Item No.	Code Section	Priority Level	Comment	COS	R				No concerns noted	<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"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
Item No.	Code Section			Priority Level	Comment	COS	R																																																														
					No concerns noted	<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"/>																																																														
						<input type="checkbox"/>	<input type="checkbox"/>																																																														
				<input type="checkbox"/>	<input type="checkbox"/>																																																																
				<input type="checkbox"/>	<input type="checkbox"/>																																																																

Person in Charge <i>[Signature]</i>	Date: 8/16/23
Sanitarian <i>[Signature]</i>	Licensor: Massillon