

OHIO DEPARTMENT OF AGRICULTURE
Division of Food Safety
8995 East Main Street
Reynoldsburg, OH 43068
(614) 728-6250

Date: Feb 1, 2008

Facility Name: APPLES MAPLE SYRUP

Facility ID Number: 6700004

Address: 12008 ST RT 88

City,State,Zip: GARRETTSVILLE, OH 44231

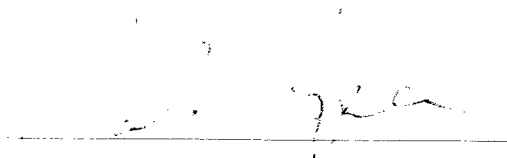
NOTIFICATION

This is a visual inspection meant to regulate compliance with applicable law as of the day and time of this inspection. This inspection is not intended to cover areas of food safety not listed on this inspection form. The food processing establishment remains responsible under Ohio and Federal laws for maintaining a safe and sanitary environment and product. Any 'N.Obs.' box checked means that the inspector did not observe that process and cannot evaluate whether the food processing establishment is in compliance with that procedure

The food processing establishment is required to abide by all applicable codes, standards, and rules and provide necessary equipment and documents, which include but are not limited to:

Ohio Revised Code	Chapters 911; 913; 915; 925; 3715
Ohio Administrative Code (Sanitary Regulations)	Chapters 901:3-1; 901:3-3; 901:3-5; 901:3-6; 901:3-7; 901:3-8; 901:3-23; 901:3-46; 901:3-62
Labeling Requirements	OAC Chapter 901:3-1-11; 21 C.F.R Part 101
Maintain Documents and Records	OAC Chapter 901:3

A signature certifies that the food processing establishment has read the Notification above and agrees to fully comply with all statutory requirements listed thereon.



Food Processing Establishment
Representative



Specialist

**GOOD MANUFACTURING PRACTICES
INSPECTION REPORT**

FACILITY NAME: APPLES MAPLE SYRUP

DATE INSPECTED: 2/1/2008

Yes No NA N. Obs

Sanitary Operations

- | | | | | | |
|----|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 15 | Are physical facilities in good repair and maintained in a sanitary condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Are toxic materials used in a safe and effective manner? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Are toxic materials identified and stored properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Are animal and pest control measures in place? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Are all food-contact surfaces cleaned and sanitized? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sanitary Facilities and Controls

- | | | | | | |
|----|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 20 | 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21 | 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"/> |
| 22 | Is the non-drinking water supply identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23 | Is there evidence of contamination by plumbing and sewage? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Are toilet facilities accessible, in good repair, and with a self closing door? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Are handwashing facilities conveniently located and with running water at a suitable temperature? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | Are disposable hand towels or drying device, waste receptacles and hand soap provided?
Are suitable handwashing signs posted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | Are there proper refuse receptacles; for handling and disposal of refuse? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Equipment and Utensils

- | | | | | | |
|----|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 28 | Are equipment and utensils easily cleanable and maintained? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Does equipment and utensils used preclude the adulteration of food? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | Are holding, conveying and manufacturing systems maintained in an appropriate sanitary condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | Are food measuring instruments and controls accurate, maintained and correctly located? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 | Are gases used in food or on equipment uncontaminated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**GOOD MANUFACTURING PRACTICES
INSPECTION REPORT**

Authority: Chapter 3715 Ohio Revised Code

ID NUMBER: 6700004
DATE INSPECTED: 2/1/2008
INSPECTION TYPE: ODA
SPECIALIST: T MARK BARRETT
STATUS: Routine
INTERVAL: 12 Month

Facility Name: APPLES MAPLE SYRUP

Address: 12008 ST RT 88, GARRETTSVILLE, OH 44231

Phone: (330) 527-4066 Email:

Fax:

Inspection Conducted With: MARK APPLE

Title: OWNER

		Yes	No	NA	N. Obs
Personnel					
1	Disease Control: Is personnel with sores, infections, etc., restricted from handling food product?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Do employees wear effective hair restraints and remove unsecured jewelry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do employees refrain from eating or drinking food, chewing gum, and are personal items stored appropriately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Do employees maintain personal cleanliness, wash hands as necessary and wear clean outer garments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plants and Grounds					
5	Do grounds appear free of harborages and/or breeding places for pests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are roads, yards and parking lots maintained; and is drainage adequate to avoid contamination of the facility and products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is there sufficient space for equipment and storage to maintain a sanitary operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Is the potential of contamination reduced by separation of operation, SSOPs and/or operating practices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are walls, floors and ceilings designed to be effectively cleaned and kept in good repair?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Are food and food contact surfaces protected from contamination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Is the lighting adequate for the operation being performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are exposed food products protected from contamination from breakage of light bulbs or other glass fixtures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Are air quality and ventilation adequate to prevent contamination by dust and other airborne substances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Are openings effectively screened or protected against entry by pests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specialist: _____



**GOOD MANUFACTURING PRACTICES
INSPECTION REPORT**

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DATE INSPECTED: 2/1/2008

Yes No NA N. Obs

Controls

- 33 Do plant operating procedures conform to the GMPs?
- 34 Are plant sanitation responsibilities assigned to a supervisor?
- 35 Are production and testing procedures in place?

Raw Materials and Other Ingredients

- 36 Are raw materials inspected and stored to protect them from contamination?

Manufacturing Operations

- 37 Are equipment, utensils and containers properly maintained?
- 38 Are conditions and controls in place to minimize contamination of food and packaging?
- 39 Are food equipment, utensils, and containers protected against contamination?
- 40 Are there measures in place for exclusion of metal or other extraneous matter?
- 41 Are adulterated foods and raw materials handled properly?
- 42 Are filling, assembling, packaging operations protected against contamination?
- 43 Is water activity controlled and monitored where applicable?
- 44 Is pH controlled and monitored where applicable?
- 45 Is ice used in contact with food from an approved source?

Warehousing and Distribution

- 46 Are storage conditions adequate as to protect product against contamination?
- 47 Are transportation conditions adequate as to protect against product contamination?

Food Labeling

- 48 Does labeling comply with 21 C.F.R. Part 101 Food Labeling?

OTHER INSPECTIONS:
 JUICE: No
 SEAFOOD: No
 SHELLFISH: No
 ACIDIFIED CANNING: No
 LOW ACID CANNING: No

AGR 1054 (Rev. 08/2005)

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