

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                    |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------|
| Name of facility<br>THE HEIDOUT RESTAURANT & BAR LLC                                                                                                                                                                                                                                                                                                                                                                                                                       | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br>2022035          | Date<br>12/20/2022                                         |
| Address<br>432 W. PIKE STREET                                                                                                                                                                                                                                                                                                                                                                                                                                              | City/State/Zip Code<br>JACKSON CENTER OH 45334                                    |                                    |                                                            |
| License holder<br>THE HEIDOUT RESTAURANT & BAR LLC                                                                                                                                                                                                                                                                                                                                                                                                                         | Inspection Time<br>90                                                             | Travel Time<br>15                  | Category/Descriptive<br>COMMERCIAL CLASS 4 <25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up<br><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)<br>// | Water sample date/result (if required)<br>//               |

## 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                                                                                                                                                                                                                                                              |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>Supervision</b>                                                                              |                                                                                                                                  | <b>Time/Temperature Controlled for Safety Food (TCS food)</b>                                                                                                                                                                                                                  |                                                                                                                                  |
| 1                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 23                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 24                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Certified Food Protection Manager                                                               |                                                                                                                                  | Time as a public health control: procedures & records                                                                                                                                                                                                                          |                                                                                                                                  |
| <b>Employee Health</b>                                                                          |                                                                                                                                  | <b>Consumer Advisory</b>                                                                                                                                                                                                                                                       |                                                                                                                                  |
| 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<br><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                                 | <b>Highly Susceptible Populations</b>                                                                                                                                                                                                                                          |                                                                                                                                  |
| Proper use of restriction and exclusion                                                         |                                                                                                                                  | 26                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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                                      |                                                                                                                                  | <b>Chemical</b>                                                                                                                                                                                                                                                                |                                                                                                                                  |
| <b>Good Hygienic Practices</b>                                                                  |                                                                                                                                  | 27                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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<br><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                                                         |                                                                                                                                  | <b>Conformance with Approved Procedures</b>                                                                                                                                                                                                                                    |                                                                                                                                  |
| <b>Preventing Contamination by Hands</b>                                                        |                                                                                                                                  | 29                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 10                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Special Requirements: Heat Treatment Dispensing Freezers                                                                                                                                                                                                                       |                                                                                                                                  |
| Adequate handwashing facilities supplied & accessible                                           |                                                                                                                                  | 32                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| <b>Approved Source</b>                                                                          |                                                                                                                                  | Special Requirements: Custom Processing                                                                                                                                                                                                                                        |                                                                                                                                  |
| 11                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                              | 33                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 34                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 checked="" type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| Food in good condition, safe, and unadulterated                                                 |                                                                                                                                  | Critical Control Point Inspection                                                                                                                                                                                                                                              |                                                                                                                                  |
| 14                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 36                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| Required records available: shellstock tags, parasite destruction                               |                                                                                                                                  | Process Review                                                                                                                                                                                                                                                                 |                                                                                                                                  |
| <b>Protection from Contamination</b>                                                            |                                                                                                                                  | 37                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 15                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance                                                                                                                                                                                                                                                                       |                                                                                                                                  |
| Food separated and protected                                                                    |                                                                                                                                  | <p><b>Risk Factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p> |                                                                                                                                  |
| 16                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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               |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b>                                   |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 18                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper cooking time and temperatures                                                            |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 19                                                                                              | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper reheating procedures for hot holding                                                     |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 20                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper cooling time and temperatures                                                            |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 21                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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

|                                                             |                                      |                           |
|-------------------------------------------------------------|--------------------------------------|---------------------------|
| <b>Name of Facility</b><br>THE HEIDOUT RESTAURANT & BAR LLC | <b>Type of Inspection</b><br>sta ccp | <b>Date</b><br>12/20/2022 |
|-------------------------------------------------------------|--------------------------------------|---------------------------|

## 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Pasturized eggs used where required                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                 |
| 39                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Water and ice from approved source                                                                                                                                | 54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used                                                        |                                                                                                                 |
| 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 | Proper cooling methods used; adequate equipment for temperature control                                                                                           | 55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips                                                |                                                                                                                 |
| 41                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plant food properly cooked for hot holding                                                                                                                        | 56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean                                                                                                               |                                                                                                                 |
| 42                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Approved thawing methods used                                                                                                                                     | 57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure                                                                 |                                                                                                                 |
| 43                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Thermometers provided and accurate                                                                                                                                | 58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices                                        |                                                                                                                 |
| Food Identification              |                                                                                                                               | Administrative                                                                                                                                                    |                                                                                                                                                                                                                     |                                                                                                                 |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Food properly labeled; original container                                                                                                                         | 59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed                                                                        |                                                                                                                 |
| Prevention of Food Contamination |                                                                                                                               | 60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned    | 61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained                                                         |                                                                                                                 |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Insects, rodents, and animals not present/outer openings protected                                                                                                | 62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas |                                                                                                                 |
| 46                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Contamination prevented during food preparation, storage & display                                                                                                | 63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used                                                                                     |                                                                                                                 |
| 47                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness                                                                                                                                              | 64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities                                                                               |                                                                                                                 |
| 48                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Wiping cloths: properly used and stored                                                                                                                           | Administrative                                                                                                                                                                                                      |                                                                                                                 |
| 49                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Washing fruits and vegetables                                                                                                                                     | 65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC                                                                                                     | 66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC |
| Proper Use of Utensils           |                                                                                                                               | 50 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored |                                                                                                                                                                                                                     |                                                                                                                 |
| 51                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Utensils, equipment and linens: properly stored, dried, handled                                                                                                   |                                                                                                                                                                                                                     |                                                                                                                 |
| 52                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Single-use/single-service articles: properly stored, used                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                 |
| 53                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Slash-resistant, cloth, and latex 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                        |
|----------|----------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 19       | 3717-1-03.3(H) | C              | Reheating for hot holding.<br><br>Soup not properly reheated when talking with food employee. Food employee stated she reheated soup to 145 F. All potentially hazardous food that is reheated for hot holding shall be heated to 165 F for 30seconds before reducing temperature to 135 F. Soup was reheated to 165 F.                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 35       | CCP-VI.0009    |                | TCS Food: Observed improper reheating of food for hot holding.<br><br>food employee stated that she reheated the bulk soup to 145 F, before reducing temp to the hot hold temperature of 138 F. All bulk reheat for hot holding potentially hazardous foods shall be reheated to 165 F for 30seconds before temperature is reduced to a hot holding >135 F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 54       | 3717-1-04.1(G) | NC             | Can openers - cleanability<br><br>Can opener blade dirty                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|                                                                                 |                                                             |
|---------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Person in Charge</b><br>HEIDI                                                | <b>Date</b><br>12/20/2022                                   |
| <b>Environmental Health Specialist</b><br>MICHAEL MCCLAIN, REHS<br>RS/SIT# 3051 | <b>Licensors:</b><br>Sidney-Shelby County Health Department |

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

As per HEA 5302B The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)