

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility B-K ROOTBEER LLC	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2023056	Date 08/17/2023
Address 301 RIVERSIDE DRIVE	City/State/Zip Code SIDNEY OH 45365		
License holder SHIRLEY ECK	Inspection Time 135	Travel Time 5	Category/Descriptive COMMERCIAL CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <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 <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																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center;">Supervision</th></tr> <tr><td>1</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Person in charge present, demonstrates knowledge, and performs duties</td></tr> <tr><td>2</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Certified Food Protection Manager</td></tr> <tr><th colspan="2" style="text-align: center;">Employee Health</th></tr> <tr><td>3</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Management, food employees and conditional employees; knowledge, responsibilities and reporting</td></tr> <tr><td>4</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Proper use of restriction and exclusion</td></tr> <tr><td>5</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Procedures for responding to vomiting and diarrheal events</td></tr> <tr><th colspan="2" style="text-align: center;">Good Hygienic Practices</th></tr> <tr><td>6</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/O    Proper eating, tasting, drinking, or tobacco use</td></tr> <tr><td>7</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/O    No discharge from eyes, nose, and mouth</td></tr> <tr><th colspan="2" style="text-align: center;">Preventing Contamination by Hands</th></tr> <tr><td>8</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/O    Hands clean and properly washed</td></tr> <tr><td>9</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td></tr> <tr><td>10</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Adequate handwashing facilities supplied &amp; accessible</td></tr> <tr><th colspan="2" style="text-align: center;">Approved Source</th></tr> <tr><td>11</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    Food obtained from approved source</td></tr> <tr><td>12</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input checked="" type="checkbox"/> N/O    Food received at proper temperature</td></tr> <tr><td>13</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    Food in good condition, safe, and unadulterated</td></tr> <tr><td>14</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Required records available: shellstock tags, parasite destruction</td></tr> <tr><th colspan="2" style="text-align: center;">Protection from Contamination</th></tr> <tr><td>15</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    Food separated and protected</td></tr> <tr><td>16</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    Food-contact surfaces: cleaned and sanitized</td></tr> <tr><td>17</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    Proper disposition of returned, previously served, reconditioned, and unsafe food</td></tr> <tr><th colspan="2" style="text-align: center;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr><td>18</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input checked="" type="checkbox"/> N/O    Proper cooking time and temperatures</td></tr> <tr><td>19</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    Proper reheating procedures for hot holding</td></tr> <tr><td>20</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    Proper cooling time and temperatures</td></tr> <tr><td>21</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    Proper hot holding temperatures</td></tr> <tr><td>22</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Proper cold holding temperatures</td></tr> </table>	Compliance Status		Supervision		1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Person in charge present, demonstrates knowledge, and performs duties	2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Certified Food Protection Manager	Employee Health		3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Management, food employees and conditional employees; knowledge, responsibilities and reporting	4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Proper use of restriction and exclusion	5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Procedures for responding to vomiting and diarrheal events	Good Hygienic Practices		6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    Proper eating, tasting, drinking, or tobacco use	7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    No discharge from eyes, nose, and mouth	Preventing Contamination by Hands		8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    Hands clean and properly washed	9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    No bare hand contact with ready-to-eat foods or approved alternate method properly followed	10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Adequate handwashing facilities supplied & accessible	Approved Source		11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    Food obtained from approved source	12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O    Food received at proper temperature	13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    Food in good condition, safe, and unadulterated	14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Required records available: shellstock tags, parasite destruction	Protection from Contamination		15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Food separated and protected	16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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	Time/Temperature Controlled for Safety Food (TCS food)		18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O    Proper cooking time and temperatures	19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 <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 <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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr><td>23</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    Proper date marking and disposition</td></tr> <tr><td>24</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Time as a public health control: procedures &amp; records</td></tr> <tr><th colspan="2" style="text-align: center;">Consumer Advisory</th></tr> <tr><td>25</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Consumer advisory provided for raw or undercooked foods</td></tr> <tr><th colspan="2" style="text-align: center;">Highly Susceptible Populations</th></tr> <tr><td>26</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Pasteurized foods used; prohibited foods not offered</td></tr> <tr><th colspan="2" style="text-align: center;">Chemical</th></tr> <tr><td>27</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Food additives: approved and properly used</td></tr> <tr><td>28</td><td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Toxic substances properly identified, stored, used</td></tr> <tr><th colspan="2" style="text-align: center;">Conformance with Approved Procedures</th></tr> <tr><td>29</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan</td></tr> <tr><td>30</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Special Requirements: Fresh Juice Production</td></tr> <tr><td>31</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Special Requirements: Heat Treatment Dispensing Freezers</td></tr> <tr><td>32</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Special Requirements: Custom Processing</td></tr> <tr><td>33</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Special Requirements: Bulk Water Machine Criteria</td></tr> <tr><td>34</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Special Requirements: Acidified White Rice Preparation Criteria</td></tr> <tr><td>35</td><td><input type="checkbox"/> IN    <input checked="" type="checkbox"/> OUT    <input type="checkbox"/> N/A    Critical Control Point Inspection</td></tr> <tr><td>36</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Process Review</td></tr> <tr><td>37</td><td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Variance</td></tr> <tr><td colspan="2" style="padding: 5px;"> <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> </td></tr> </table>	Compliance Status		Time/Temperature Controlled for Safety Food (TCS food)		23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Proper date marking and disposition	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Time as a public health control: procedures & records	Consumer Advisory		25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Consumer advisory provided for raw or undercooked foods	Highly Susceptible Populations		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Pasteurized foods used; prohibited foods not offered	Chemical		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Food additives: approved and properly used	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Toxic substances properly identified, stored, used	Conformance with Approved Procedures		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Fresh Juice Production	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Heat Treatment Dispensing Freezers	32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Custom Processing	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Bulk Water Machine Criteria	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Acidified White Rice Preparation Criteria	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A    Critical Control Point Inspection	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Process Review	37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Variance	<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>	
Compliance Status																																																																																																									
Supervision																																																																																																									
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Person in charge present, demonstrates knowledge, and performs duties																																																																																																								
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Certified Food Protection Manager																																																																																																								
Employee Health																																																																																																									
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Management, food employees and conditional employees; knowledge, responsibilities and reporting																																																																																																								
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Proper use of restriction and exclusion																																																																																																								
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Procedures for responding to vomiting and diarrheal events																																																																																																								
Good Hygienic Practices																																																																																																									
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    Proper eating, tasting, drinking, or tobacco use																																																																																																								
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    No discharge from eyes, nose, and mouth																																																																																																								
Preventing Contamination by Hands																																																																																																									
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    Hands clean and properly washed																																																																																																								
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    No bare hand contact with ready-to-eat foods or approved alternate method properly followed																																																																																																								
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Adequate handwashing facilities supplied & accessible																																																																																																								
Approved Source																																																																																																									
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    Food obtained from approved source																																																																																																								
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O    Food received at proper temperature																																																																																																								
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    Food in good condition, safe, and unadulterated																																																																																																								
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Required records available: shellstock tags, parasite destruction																																																																																																								
Protection from Contamination																																																																																																									
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Food separated and protected																																																																																																								
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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																																																																																																								
Time/Temperature Controlled for Safety Food (TCS food)																																																																																																									
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O    Proper cooking time and temperatures																																																																																																								
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 <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 <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																																																																																																								
Compliance Status																																																																																																									
Time/Temperature Controlled for Safety Food (TCS food)																																																																																																									
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Proper date marking and disposition																																																																																																								
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Time as a public health control: procedures & records																																																																																																								
Consumer Advisory																																																																																																									
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Consumer advisory provided for raw or undercooked foods																																																																																																								
Highly Susceptible Populations																																																																																																									
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Pasteurized foods used; prohibited foods not offered																																																																																																								
Chemical																																																																																																									
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Food additives: approved and properly used																																																																																																								
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Toxic substances properly identified, stored, used																																																																																																								
Conformance with Approved Procedures																																																																																																									
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan																																																																																																								
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Fresh Juice Production																																																																																																								
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Heat Treatment Dispensing Freezers																																																																																																								
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Custom Processing																																																																																																								
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Bulk Water Machine Criteria																																																																																																								
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Acidified White Rice Preparation Criteria																																																																																																								
35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A    Critical Control Point Inspection																																																																																																								
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Process Review																																																																																																								
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Variance																																																																																																								
<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>																																																																																																									

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> B-K ROOTBEER LLC	<b>Type of Inspection</b> sta ccp	<b>Date</b> 08/17/2023
---	--------------------------------------	---------------------------

## 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food Identification		Administrative	
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	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
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A 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 Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Existing Equipment and Facilities
Proper Use of Utensils		Administrative	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
51	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		

## 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
	Comment/ Obs		All coolers <= 41 F (food temp) Good! All hot food = >= 165 F (holding) Good! Chicken and coney sauce cooking in walkin freezer. < 45 F after ~3-4 hours of cooling. Good!	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Broken outlet cover in lage storage shed. Please replace cover to remove electrical hazard.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Thank you for making numerous repairs/updates since last inspection report.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		During inspection it was noted that utensil and equipment washing was taking place at back 3 compartment sink. Per September 17, 2019 inspection report, the back 3 compartment sink is only to be used for handwashing and soaking/rough rinsing of utensils and equipment. Final washing, rinsing, and sanitizing is to take place in front 3 compartment sink. Please ensure this procedure is followed and explained to all employees.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-I.0007		Employee Health: The operation had an employee health policy on file. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0011		Preventing Contamination by Hands: Hand washing facilities are properly supplied. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0012		Preventing Contamination by Hands: Food employees were not contacting exposed ready-to-eat foods with bare hands. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0016		TCS Food: Food employee was observed reheating foods for hot holding to 165 F within two hours. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0017		TCS Food: Observed ready to eat TCS foods being properly date marked, and discarded when required. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0018		TCS Food: Observed hot foods being held at 135 F or above; cold foods being held at 41 F or below. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0021		TCS Food: Observed food employee cooling cooked time/temperature controlled for safety foods from 135 F to 70 F within two hours and from 70 F to 41 F or below within four hours. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0008		Protection from Contamination: Foods are protected from physical and environmental contamination during storage, preparation, holding and display. *Good!	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> KIM STEWART	<b>Date</b> 08/17/2023
<b>Environmental Health Specialist</b> RUSTY SCHWEPE, REHS      RS/SIT# 2993	<b>Licensors:</b> 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)

**State of Ohio**  
**Continuation Report**  
 Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> B-K ROOTBEER LLC			<b>Type of Inspection</b> sta ccp	<b>Date</b> 08/17/2023	
<b>Observations and Corrective Actions (continued)</b>					
Mark "X" in appropriate box for COS and R: <b>COS</b> = corrected on-site during inspection <b>R</b> = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
35	CCP-X.5		Chemical: Toxic materials are properly identified and stored. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.2(D)	NC	Food Storage Containers - Identified with Common Name of Food  No labels on containers of salt and sugar (for employees only per PIC). Working containers of hard to identify foods must be labeled with common name for ease of identification.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45	3717-1-06.1(M)	NC	Outer openings - protected.  Upon arrival, exterior door wide open allowing numerous flies to enter the operation. Please install self closer on exterior door. If door is to be propped open for ventilation, a self closing screen door must be installed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51	3717-1-04.8(E)(2)	NC	Clean equipment and utensils stored in a self-draining position and covered or inverted.  Found a few clean food containers being stored right side up. Please store inverted or protected by other means in storage to prevent the contamination of the interior food contact surfaces.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61	3717-1-05.4(N)	NC	Covering receptacles.  Dumpster lid open. Please keep closed to prevent the scattering of litter by animals and weather.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61	3717-1-05.4(P)	NC	Maintaining refuse areas and enclosures.  Loose trash and rubbish on the ground in dumpster enclosure. Please collect and properly dispose of items.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
63	3717-1-06.1(I)	NC	Light bulbs - protective shielding.  One of the two overhead bulbs in large storage shed is not shatterproof. Please replace with shatterproof bulb or install proper cover.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> KIM STEWART		<b>Date</b> 08/17/2023
<b>Environmental Health Specialist</b> RUSTY SCHWEPE, REHS      RS/SIT# 2993		<b>Licensors:</b> Sidney-Shelby County Health Department

PRIORITY LEVEL: C=CRITICAL    NC = NON-CRITICAL

As per HEA 5351 The Baldwin Group, Inc. (11/19)

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