

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

Name of facility HAMPTON INN, LLC, SIDNEY	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2023153	Date 11/15/2023
Address 1600 HAMPTON COURT	City/State/Zip Code SIDNEY OH 45365		
License holder HILLIARD HOTELS LLC	Inspection Time 90	Travel Time 10	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 type="checkbox"/> IN   <input checked="" 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 checked="" type="checkbox"/> N/A   <input type="checkbox"/> N/O   Proper cooking time and temperatures</td></tr> <tr><td>19</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   <input type="checkbox"/> N/O   Proper reheating procedures for hot holding</td></tr> <tr><td>20</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Proper cooking time and temperatures	19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Proper reheating procedures for hot holding	20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Proper cooling time and temperatures	21	<input 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 checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input 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 checked="" type="checkbox"/> IN   <input 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"> <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Proper cooking time and temperatures																																																																																																								
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Proper reheating procedures for hot holding																																																																																																								
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Proper cooling time and temperatures																																																																																																								
21	<input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input 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> HAMPTON INN, LLC, SIDNEY	<b>Type of Inspection</b> sta ccp	<b>Date</b> 11/15/2023
---	--------------------------------------	---------------------------

## 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Pasteurized eggs used where required		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips
<b>Food Temperature Control</b>		56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Nonfood-contact surfaces clean
	Proper cooling methods used; adequate equipment for temperature control	<b>Physical Facilities</b>	
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Plant food properly cooked for hot holding		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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Approved thawing methods used		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
	Thermometers provided and accurate	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
<b>Food Identification</b>			Sewage and waste water properly disposed
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Food properly labeled; original container		Toilet facilities: properly constructed, supplied, cleaned
<b>Prevention of Food Contamination</b>		61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Garbage/refuse properly disposed; facilities maintained
	Insects, rodents, and animals not present/outer openings protected	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Contamination prevented during food preparation, storage & display		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Personal cleanliness		Adequate ventilation and lighting; designated areas used
48	<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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
	Wiping cloths: properly used and stored		Existing Equipment and Facilities
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	<b>Administrative</b>	
	Washing fruits and vegetables	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
<b>Proper Use of Utensils</b>			901:3-4 OAC
50	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	In-use utensils: properly stored		3701-21 OAC
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
	Comment/ Obs		Ensure ingredient lists are available on site for all food items if a customer requests allergen information.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Please ensure purses and coats are stored away from food, utensils, equipment, etc.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Ensure that plastic baggies and aluminum foil are not re-used.	<input type="checkbox"/>	<input type="checkbox"/>
6	3717-1-02.3(A)	NC	Food contamination prevention - eating, drinking, or using tobacco.  Employee open drink cup and twist cap drink bottle in kitchen. In food prep areas, employees may only drink from lidded containers with straws to prevent spills and bare hand contact with saliva. Coffee may be consumed from a lidded container designed for use with hot beverages as long as bare hand contact with saliva is prevented.	<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-II.0002		Good Hygienic Practices: Observed employee eating, drinking, or using tobacco in non-designated area.	<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-IV.0004		Demonstration of Knowledge: The person in charge is Certified in Food Protection. *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! (except for items on discard sheet)	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0019		TCS Food: Observed time/temperature controlled for safety foods being properly held using time as a public health control; the operation had a written procedure on file, foods were properly marked to indicate the time that the food was removed from temperature control, and food was discarded when required. PLEASE UPDATE	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> ANGELA HERNANDEZ	<b>Date</b> 11/15/2023
<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> HAMPTON INN, LLC, SIDNEY	<b>Type of Inspection</b> sta ccp	<b>Date</b> 11/15/2023
---	--------------------------------------	---------------------------

**Observations and Corrective Actions (continued)**  
 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
			LIST IN KITCHEN TO INCLUDE MIXED FRUIT; REMOVE ITEMS NO LONGER SERVED		
35	CCP-X.5		Chemical: Toxic materials are properly identified and stored. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
50	3717-1-03.2(K)	NC	In-use utensils - between-use storage.  Scooped stored with handle in food in brown sugar container. Please store utensil in a clean, protected location with the handle out of the food product to prevent hand contamination of food.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)(1)	NC	Equipment - good repair and proper adjustment.  Plastic drawers used to display baked goods are cracked. Please replace to maintain cleanability and to prevent plastic from breaking off into food. *PIC stated that new drawers are on order.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(J)	C	Backflow prevention device - when required.  Hose for sprayer at laundry sink is hanging into sink basin. This is a back flow hazard. If it is to be used, please add nozzle and ensure it is not left hanging in sink basin. If it is not to be used, please remove hose.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61	3717-1-05.4(N)	NC	Covering receptacles.  Dumpster lids open. Please keep closed to prevent weather and animlas from scattering trash.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing.  Water damage around window in storage room. Repair needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions.  Found a couple of rodent dropping on the bottom, far left shelf on the right wall in the storage room. Please clean up droppings and monitor for rodent activity. If active activity discovered, please contact licensed pest control operator.  Top of upright refrigerator in dry storage room is dirty. Please clean.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
63	3717-1-06.2(I)	NC	Physical facilities: numbers and capacities.  Light bulb out in dry storage. Please replace.	<input type="checkbox"/>	<input type="checkbox"/>
64	3717-1-20	NC	Existing Facilities and Equipment - Requirements for Replacement  Residential refrigerator and freezer still in storage room. Please repalce with commercial refrigeration. In addition, a new counter top refrigerator has been added to the breakfast area. Per the manual, the unit is for household use only. Please replace with commercially certified unit.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Person in Charge</b> ANGELA HERNANDEZ	<b>Date</b> 11/15/2023
<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)