

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility COGS N GEARS GAME CAFE	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2023333	Date 10/12/2023
Address 219 E. COURT STREET	City/State/Zip Code SIDNEY OH 45365		
License holder DEKON MATTHEWS	Inspection Time 120	Travel Time 5	Category/Descriptive COMMERCIAL CLASS 3 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) //	Water sample date/result (if required) //

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Compliance Status		Compliance Status	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Source		Special Requirements: Custom Processing	
11	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16	<input 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 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

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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		
	Water and ice from approved source	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Temperature Control			Warewashing facilities: installed, maintained, used; test strips
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
	Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Physical Facilities	
	Plant food properly cooked for hot holding	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Hot and cold water available; adequate pressure
	Approved thawing methods used	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Plumbing installed; proper backflow devices
	Thermometers provided and accurate		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food Identification		59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Sewage and waste water properly disposed
	Food properly labeled; original container	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination			Toilet facilities: properly constructed, supplied, cleaned
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Insects, rodents, and animals not present/outer openings protected		Garbage/refuse properly disposed; facilities maintained
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Contamination prevented during food preparation, storage & display		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
	Personal cleanliness	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Adequate ventilation and lighting; designated areas used
	Wiping cloths: properly used and stored	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		Existing Equipment and Facilities
	Washing fruits and vegetables	Administrative	
Proper Use of Utensils		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		901:3-4 OAC
	In-use utensils: properly stored	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
51	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		3701-21 OAC
	Utensils, equipment and linens: properly stored, dried, handled		
52	<input type="checkbox"/> IN <input checked="" 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		Large prep cooler in kitchen had food ranging in temperature from <41 F to 44 F. Please monitor to ensure all TCS food is held < or = 41 F.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Please note than any raw animal foods cooked in a microwave must be: 1) Rotated or stirred half way through cooking 2) Covered 3) Heated to a min temp of 165 F in all parts of the food 4) Allowed to stand for a min of 2 minutes after cooking to obtain temperature equilibrium	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Please obtain bleach for vomit/diarrhea clean-up policy.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Residential electric rice cooker is for personal use only per PIC.	<input type="checkbox"/>	<input type="checkbox"/>
9	3717-1-03.2(A)(2)	C	Preventing contamination from hands - bare hand contact Witnessed PIC handling shredded cheese for tacos with his bare hands. There shall be no bare hand contact with ready to eat foods. *PIC will use single use gloves which are available on site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	3717-1-03.1(A)(1)	C	Sources - compliance with food law. Deli sliced corned beef from Walmart in prep cooler in kitchen. Cooked meats obtained from Walmart must be commercially pre-packaged due to dating concerns. *PIC purchased meat today. Will use and only purchase commercially packaged in the future.	<input type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 10/12/2023
Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993	Licensors: 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
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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
			Upon arrival found box of raw eggs stored over ready to eat food in kitchen fridge. Please store raw animal foods so that they cannot potentially contaminate ready to eat foods through spills, drips, or some other means. *Eggs moved to bottom of cooler by PIC.		
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking. No date on open milk, creamer, and egg nog in bar cooler. Once opened, containers of ready to eat, TCS foods must be dated and used within 7 days. *PIC will date containers.	<input type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(H)	C	Ready-to-eat, time/temperature controlled for safety food - disposition. Found containers of cooked pasta in kitchen prep cooler that were dated 10-1. After 7 day date mark expires, ready to eat, TCS foods must be discarded. *Pasta discarded by PIC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07(B)	C	Poisonous or toxic materials: Working containers - common name. Upon arrival, found unlabeled purple solution in spray bottle in mop closet. Please ensure all working containers of chemicals are labeled with common name for ease of identification and to prevent misuse. *Labeled by PIC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.2(D)	NC	Food Storage Containers - Identified with Common Name of Food Found multiple working containers of hard to identify foods (including water in spray bottles) without a label. Please ensure all working containers of hard to identify foods are labeled with common name for ease of identification..	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.1(M)	NC	Outer openings - protected. Gap between door slab and jamb in kitchen side door. Please seal to prevent entrance of insects.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(R)	NC	Food storage - prohibited areas. Found containers of pop stored in employee restroom. Food may not be stored in toilet rooms. Please remove.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(E)(1)	NC	Equipment, utensils, linens - storage. Clean eating utensils stored out in the open on half wall of bar. Please cover with clean cloth or in some other way protect from contamination during storage.	<input type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(F)	NC	Storage - prohibitions - single-use/single-service articles. Found single service items stored in employee restroom. Single service items may not be stored in toilet rooms.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.3(C)	NC	Fixed equipment installation: elevation or sealing. No caulk at mop sink/floor juncture or mop sink/wall juncture. Please seal to prevent water from getting under or behind mop sink. In addition, please re-seal gap under FRP at kitchen hand sink.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.0(A)	NC	Indoor areas - surface characteristics The material used to seal around the floor drains behind the bar and in the kitchen did not set-up properly when installed and is not cleanable. Please replace with a proper material (such as hydraulic cement) to seal the area around the floor drains and to provide slope back to the drain.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. Brick dust falling out of wall over air fryer in kitchen. Please remove as much loose dust as possible and seal the area to prevent dust from falling onto food, equipment, etc.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 10/12/2023
Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993	Licensors: Sidney-Shelby County Health Department

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As per HEA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)