

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

| | | | |
|---|---|------------------------------------|--|
| Name of facility COURT STREET EXPRESS LLC | Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number 2023002 | Date 01/18/2024 |
| Address 125 WEST COURT STREET | City/State/Zip Code SIDNEY OH 45365 | | |
| License holder COURT STREET EXPRESS LLC | 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 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 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 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 | |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered |
| Good Hygienic Practices | | Chemical | |
| 6 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used |
| Preventing Contamination by Hands | | Conformance with Approved Procedures | |
| 8 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O | 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 |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 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 |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 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 |
| Approved Source | | 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing |
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 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 |
| 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 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 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 Process Review |
| Protection from Contamination | | 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance |
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | <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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| 17 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | | |
| Time/Temperature Controlled for Safety Food (TCS food) | | | |
| 18 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| 21 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| 22 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | | |

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| Name of Facility COURT STREET EXPRESS LLC | Type of Inspection sta | Date 01/18/2024 |
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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 checked="" type="checkbox"/> IN <input 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 | |
| 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Proper cooling methods used; adequate equipment for temperature control | | Nonfood-contact surfaces clean | |
| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Approved thawing methods used | | Plumbing installed; proper backflow devices | |
| 43 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 59 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Thermometers provided and accurate | | Sewage and waste water properly disposed | |
| Food Identification | | 60 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 44 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Toilet facilities: properly constructed, supplied, cleaned | |
| Food properly labeled; original container | | 61 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Prevention of Food Contamination | | Garbage/refuse properly disposed; facilities maintained | |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 62 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Insects, rodents, and animals not present/outer openings protected | | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas | |
| 46 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 63 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| Contamination prevented during food preparation, storage & display | | Adequate ventilation and lighting; designated areas used | |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 64 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Personal cleanliness | | Existing Equipment and Facilities | |
| 48 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Administrative | |
| Wiping cloths: properly used and stored | | 65 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 901:3-4 OAC | |
| Washing fruits and vegetables | | 66 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Proper Use of Utensils | | 3701-21 OAC | |
| 50 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| In-use utensils: properly stored | | | |
| 51 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | |
| Utensils, equipment and linens: properly stored, dried, handled | | | |
| 52 | <input 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 | | Ensure that employee food container is labeled as "employee food only". Found packages of raw chicken in the food employee bin. | <input type="checkbox"/> | <input type="checkbox"/> |
| | Comment/ Obs | | Please ensure all food (including water at pizza prep) is stored in reusable, food safe containers. These containers can be purchased in kitchen area at Walmart or other retail establishments. | <input type="checkbox"/> | <input type="checkbox"/> |
| | Comment/ Obs | | Ensure F'Real machine log is filled-out every day. | <input type="checkbox"/> | <input type="checkbox"/> |
| | Comment/ Obs | | Ensure pizza warmer is set to 160 F to ensure pizzas hold at 135 or higher. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | 3717-1-02.3(A) | NC | Food contamination prevention - eating, drinking, or using tobacco. Found open drink cup on prep board of pizza prep unit. Also, twist cap beverage container being used by employee in food prep area. All employee beverages consumed in food prep areas must be in a lidded container with straw to prevent bare hand contact with saliva. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | 3717-1-04.4(N)(3) | C | Manual and mechanical warewashing equipment, using chemical sanitization (quaternary ammonium) - temp., pH, concentration, and hardness. Insufficient concentration of quaternary sanitizer in 3 compartment sink (~150 ppm). Per label, must have 200-400 ppm for proper sanitizing. *PIC will add extra tablet. Also, ensure utensils and equipment are submerged in sanitizer solution for proper amount of time per sanitizer label. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22 | 3717-1-03.4(F)(1)(b) | C | Time/temperature controlled for safety food - cold holding. | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|--|
| Person in Charge | Date 01/18/2024 |
| Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993 | Licensor: 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 |
|----------|-------------------|----------------|--|-------------------------------------|-------------------------------------|
| | | | Food in open air display case is a little warm (42-44 F). Please adjust repair. *PIC will make adjustments. | | |
| 23 | 3717-1-03.4(G) | C | Ready-to-eat, time/temperature controlled for safety food - date marking. No date on open beef topping in pizza prep. Once open, ready to eat, TCS food must be dated. If not used within 7 days it must be discarded. *Discarded by PIC. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 44 | 3717-1-03.5(C) | NC | Food labels. Donuts in display case are not labeled with with name for ease of identification by customers. Name on wrapping must be the same as that listed on the ingredient sheet. Bulk Frooties candies do not have a label on the container. Please supply. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 52 | 3717-1-04.8(F) | NC | Storage - prohibitions - single-use/single-service articles. Found cup lids and a box of coffee stored directly under dump sink drain trap. Please move food and single service items from below trap to prevent contamination. | <input type="checkbox"/> | <input type="checkbox"/> |
| 56 | 3717-1-04.5(A)(3) | NC | Cleanliness of nonfood-contact surfaces of equipment. Bottom of microwave interior is dirty. Please clean frequently. | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | 3717-1-06.4(B) | NC | Cleaning - frequency and restrictions. Some dust and possible mold on walkin fan housing. Please clean. | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|---|
| Person in Charge | Date 01/18/2024 |
| 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 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)