

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

Name of facility EIGHT K'S ENT., INC. DBA SMOK'N JO'S		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE		License Number 2023	Date 01/30/2024
Address 1951 W. MICHIGAN ST.		City/State/Zip Code SIDNEY OH 45365			
License holder MYRON KOESTER		Inspection Time 180	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

Compliance Status		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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	
Employee Health			
3	<input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures	
Time/Temperature Controlled for Safety Food (TCS food)			
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	
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>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>			

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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	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
	Approved thawing methods used		Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
	Thermometers provided and accurate	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input 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		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
45	<input checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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		901:3-4 OAC
	Washing fruits and vegetables	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 employee food is stored in bins labeled "employee food" in the coolers to prevent intermingling with restaurant food.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Please ensure all food in coolers (after cooling to 41 F) is protected from contamination by covering with lids, plastic wrap, etc.	<input type="checkbox"/>	<input type="checkbox"/>
2	3717-1-02.4(A)(2)	NC	Level Two Certified Manager Nic Koester has received certificate for passing Manager Certification exam, but does not have Ohio Manager Certification card as of yet. Please submit required info to Ohio Department of Health to obtain proper certification.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	3717-1-02.4(C)(15)	C	Person in charge: duties - ensure employees are informed of their responsibility to report their health information in a verifiable manner. No signed employee illness policies on site. Please have all food employees read and sign policy (attached) and keep on file for review by this office during routine inspections.	<input type="checkbox"/>	<input type="checkbox"/>
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding. Food on top of front prep cooler was 48-54 F (no lids). Food inside cooler was 45 F. Cooler is directly below heating vent. Please adjust/repair unit and keep lids on exposed foods to ensure TCS food is maintained <= 41 F. * PIC discarded foods on top and adjusted cooler. Air temp inside cooler 35 F upon departure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 01/30/2024
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 5302B The Baldwin Group, Inc. (11/19)

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

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Observations and Corrective Actions (continued)
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Item No.	Code Section	Priority Level	Comment	COS	R
			Cupped marinara, cupped shredded chicken, bacon (not crisp) and onion rings on top of back prep cooler was too warm (47-53F). Containerized food must be stored inside unit to maintain proper temperature and bacon and onion rings were sitting too far above cooler to maintain a safe temperature. Please correct. *Items discarded/moved to proper location by PIC.		
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking. No dates on open packages/containers of spinach, slaw, house-made BBQ ranch in front prep cooler. No date on cooked meats in walkin cooler. Once opened/prepped, ready to eat TCS foods must be dated. If not used within 7 days it must be discarded. *Dated/discarded by PIC as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(H)	C	Ready-to-eat, time/temperature controlled for safety food - disposition. House-made ranch in walkin cooler past 7 day date mark. After 7 days, product must be discarded. *Discarded by PIC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-I.0005		Employee Health: Person in charge did not ensure that employees are informed of their responsibility to report information about their health.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-II.0004		Good Hygienic Practices: Food employee(s) were eating, drinking or using tobacco in designated area. *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.0011		TCS Food: Ready-to-eat, TCS food that had been date marked was not properly discarded when required.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0012		TCS Food: Refrigerated, ready-to-eat, TCS foods held refrigerated for more than 24 hours were not properly date marked.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0015		TCS Food: TCS foods were not being held at the proper temperature. (Prep coolers)	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0018		TCS Food: Observed hot foods being held at 135 F or above. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-X.5		Chemical: Toxic materials are properly identified and stored. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)(2)	NC	Equipment components kept intact, tight, and adjusted Door handle on front display cooler is broken and covered with duct tape. Please replace handle so that it is easily cleanable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54	3717-1-04.4(B)	NC	Cutting surfaces. Cutting board on back prep cooler is heavily scarred and pitted. Please replace to ensure cleanability.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54	3717-1-04.4(Q)(3)	NC	Utensils, temperature and pressure measuring devices - good repair and calibration. Temperature gauge on dishwasher is not working/not accurate (read 100 F all 4 times it was ran when actual temperature reached around 120 F). Please repair/replace.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04(A)	C	Multiuse utensils and food contact surfaces - material characteristics Found single use portion cups in coffee, croutons, and sugar containers. Portion cup in sugar is in poor condition. Please use durable, handled utensils for dispensing. *Removed from containers by PIC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(Q)(1)	NC	Utensils, Temperature, and Pressure Measuring Devices -Good Repair and Calibration Found some cracked plastic pans and plastic lids (e.g. coffee). Please discard and replace cracked containers to ensure cleanability and to prevent plastic from breaking off into food.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(2)	NC	Cleanliness of food-contact surfaces of cooking equipment and pans. Top interior of microwave is dirty. Please clean frequently.	<input type="checkbox"/>	<input type="checkbox"/>

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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	
62	3717-1-06.4(A)	NC	Repairing. Roof leak causing water to drip onto floor near gas stove and near prep sink. Please repair leaks.	<input type="checkbox"/>	<input type="checkbox"/>	
63	3717-1-06.2(I)	NC	Physical facilities: numbers and capacities. A few light bulbs out in restroom and kitchen area. Please replace to give proper lighting (especially in area near beer keg cooler).	<input type="checkbox"/>	<input type="checkbox"/>	

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