

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility PASCO GROCERY	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>2023296</i>	Date 02/07/2024
Address 5881 ST. RT. 29E	City/State/Zip Code SIDNEY OH 45365		
License holder L-CO HOLDINGS	Inspection Time 120	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) 02/21/2024	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
<b>Supervision</b>	<b>Time/Temperature Controlled for Safety Food (TCS food)</b>
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Person in charge present, demonstrates knowledge, and performs duties	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A   Certified Food Protection Manager	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
<b>Employee Health</b>	<b>Consumer Advisory</b>
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	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Proper use of restriction and exclusion	<b>Highly Susceptible Populations</b>
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Procedures for responding to vomiting and diarrheal events	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Pasteurized foods used; prohibited foods not offered
<b>Good Hygienic Practices</b>	<b>Chemical</b>
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O   Proper eating, tasting, drinking, or tobacco use	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   No discharge from eyes, nose, and mouth	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Toxic substances properly identified, stored, used
<b>Preventing Contamination by Hands</b>	<b>Conformance with Approved Procedures</b>
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O   Hands clean and properly washed	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O   No bare hand contact with ready-to-eat foods or approved alternate method properly followed	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A   Adequate handwashing facilities supplied & accessible	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
<b>Approved Source</b>	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   Food obtained from approved source	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   Food received at proper temperature	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   Food in good condition, safe, and unadulterated	35 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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   Required records available: shellstock tags, parasite destruction	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Process Review
<b>Protection from Contamination</b>	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   Food separated and protected	<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>
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	
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
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 type="checkbox"/> N/A <input checked="" 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 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	

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Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> PASCO GROCERY	<b>Type of Inspection</b> sta ccp	<b>Date</b> 02/07/2024
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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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	57	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Plant food properly cooked for hot holding		Hot and cold water available; adequate pressure	
42	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input checked="" 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 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		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 type="checkbox"/> IN <input checked="" 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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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
2	3717-1-02.4(A)(2)	NC	Level Two Certified Manager 3717-1-02.4.A.2: Each risk level III and risk level IV food service operation and retail food establishment is obligated to have at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service that has obtained manager certification in food protection according to rule 3701-21-25 of the Administrative Code.	<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 employee illness policy	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-05.1(O)(2)	C	Using a handwashing sink - other uses prohibited.  Observed dirty utensils in kitchen handwashing sink. 3717-1-05.1.O.2: A handwashing sink may not be used for purposes other than handwashing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	3717-1-05.1(C)(1)	NC	Handwashing sink - required water temperature  No hot water at bathroom handwashing sink	<input type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking. Cut tomatoes at sandwich prep cooler, and cooked sausage patties not date marked. All ready to eat, potentially hazardous shall be clearly marked to indicate the date by which the food shall be consumed (7 days, -1st day being the day tomato was cut).	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 02/07/2024
<b>Environmental Health Specialist</b> MICHAEL MCCLAIN, REHS      RS/SIT# 3051	<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

Name of Facility PASCO GROCERY			Type of Inspection sta ccp	Date 02/07/2024	
<b>Observations and Corrective Actions (continued)</b>					
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
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-IV.0004		Demonstration of Knowledge: The person in charge is Certified in Food Protection.	<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.  Cooked sausage patties and cut tomatoes need to be date marked	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0003		Protection from Contamination: Observed improper storage of food items.  Raw chicken shall be stored 6-inches above floor surface.	<input type="checkbox"/>	<input type="checkbox"/>
42	3717-1-03.4(C)	NC	Thawing - temperature and time control.  Observed shredding chicken thawing at room temperture next to handwashing sink. Four proper methods for thawing time/temperature controlled for safety food are as follow: 1.) under refrigeration 2.) as part of a cooking process 3.) completely submerged under running water 4.) Microwave, then immediately transferred to cooking process. PIC placed container in deli cooler.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - preventing contamination from the premises.  Box of raw chicken stored on concrete floor in walk-in cooler. To prevent contamination from the premisesn walk-in	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(R)	NC	Food storage - prohibited areas.	<input type="checkbox"/>	<input type="checkbox"/>
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation.  Observed a couple wet wipe down clothes lying on handwashing sink.. When wet wipe down clothes are not in use clothes should be stored in clearly labeled container of "sanitizer"	<input type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.4(S)(1)	NC	Single-service articles and single-use articles - use limitation.  Reuse of zip-lock plastic bag to store cooked sausage patties in deli cooler. Single - use articles may only be used one time then discarded.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.4(I)	C	Manual warewashing equipment - wash solution temperature.  No hot water at 3-compartment / warewashing sink or mop sink. PIC corrected - circuit breaker tripped 3717-1-04.4.I: Manual warewashing equipment - wash solution temperature. The temperature of the wash solution in manual warewashing equipment shall be maintained at not less than one hundred ten degrees Fahrenheit (forty-three degrees Celsius or the temperature specified on the cleaning agent manufacturer's label instructions.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.4(E)	NC	Warewashing machines - manufacturers' operating instructions.  Warewashing sink area and basins cluttered, thus sink not easily accessible	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58	3717-1-05.1(B)	NC	Approved system and cleanable fixtures.  Observed a couple ball valves with pex water lines installed at hot water heater does not meet Ohio Plumbing code.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(N)	NC	Maintaining premises - unnecessary items and litter.  Clean and remove all unnecessary equipment in storage areas,	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.1(A)	NC	Floors, walls, and ceilings.	<input type="checkbox"/>	<input type="checkbox"/>
Person in Charge				Date 02/07/2024	
Environmental Health Specialist MICHAEL MCCLAIN, REHS RS/SIT# 3051			Licensor: 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)

**State of Ohio**  
**Continuation Report**  
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<b>Name of Facility</b> PASCO GROCERY				<b>Type of Inspection</b> sta ccp		<b>Date</b> 02/07/2024	
<b>Observations and Corrective Actions (continued)</b>							
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		
			Ceiling (OSB) in walk-in cooling appears to be growing mold or mildew. OSB no longer provides a smooth, cleanable, non-absorbent surface.				
63	3717-1-06.2(l)(2)	NC	Lighting - intensity (20 FC)  Back storage room / warewashing room has no detectable light intensity at time of inspection. need to re-store light intensity to 20 footcandles of light	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

<b>Person in Charge</b>			<b>Date</b> 02/07/2024		
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As per HEA 5351 The Baldwin Group, Inc. (11/19)

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