

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility SIDNEY GROCERY STORE LLC DBA SIDNEY FOODTOWN		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 2023340	Date 02/21/2024
Address 1010 WAPAKONETA AVENUE		City/State/Zip Code SIDNEY OH 45365		
License holder JECKYKUMAR PATEL		Inspection Time 240	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	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties	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
2	<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" 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 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	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 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 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper cooling time and temperatures		
21	<input type="checkbox"/> IN <input checked="" 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		

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> SIDNEY GROCERY STORE LLC DBA SIDNEY FOODTOWN	<b>Type of Inspection</b> sta	<b>Date</b> 02/21/2024
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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	Pasteurized eggs used where required	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	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	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	Proper cooling methods used; adequate equipment for temperature control	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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	Approved thawing methods used	58	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices	
43	<input type="checkbox"/> IN <input checked="" 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	Sewage and waste water properly disposed	
Food Identification		Administrative				
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	901:3-4 OAC	
Prevention of Food Contamination		66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	3701-21 OAC		
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected				
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display				
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness				
48	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored				
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables				
Proper Use of Utensils						
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 stored in coolers is kept in a box or bin labeled "employee food" to keep it separated from retail product.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Ensure food is not stocked above load lines in open air coolers to prevent temperature issues.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Ensure chicken coating is sifted at least every 4 hours to remove clumps. Also, ensure raw chicken bowl is replaced or cleaned and sanitized at least every 4 hours.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Since thin raw animal foods are being cooked in the kitchen oven, please obtain thin probe digital thermometer to ensure proper cooking temperatures are achieved. Current thermometers may not be able to do this properly.	<input type="checkbox"/>	<input type="checkbox"/>
6	3717-1-02.3(A)	NC	Food contamination prevention - eating, drinking, or using tobacco.  Employees drinking from twist cap bottles in the deli. Please ensure employees drink from lidded containers with straws in food prep areas to prevent bare hand contact with saliva on container.	<input type="checkbox"/>	<input type="checkbox"/>
21	3717-1-03.4(F)(1)(a)	C	Time/temperature controlled for safety food - hot holding.  Food closest to doors in hot hold cabinet (fried pickles, corn, fried mushrooms) were only 110-120 F. Hot TCS foods must hold = or > 135 F. None of the heat lamps were on. Please ensure lamps are working properly (using shielded bulbs) and ensure food is held = or > 135 F. *PIC will change out bulbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	3717-1-07.1(A)	C	Poisonous or toxic materials - Storage: separation.  Found oven cleaner stored on shelf with food and over single-service items in kitchen. Please store chemicals where they cannot potentially spill, spray, leak, or drip onto food, equipment, utensils, or single-service/use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 02/21/2024
<b>Environmental Health Specialist</b> RUSTY SCHWEPE, REHS      RS/SIT# 2993	<b>Licensor:</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		Type of Inspection	Date		
SIDNEY GROCERY STORE LLC DBA SIDNEY FOODTOWN		sta	02/21/2024		
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
			items. *Chemical moved to floor.		
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation.  No measurable sanitizer level in wiping rag bucket for slicers in deli. Ensure all wet rags used to clean up food spills/wipe down slicers are stored in a sanitizer solution of 200-400 ppm. Ensure water at 3 compartment sink is run long enough to get proper concentration of sanitizer through the dispensing hose. Use available test strips to measure.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)(2)	NC	Equipment components kept intact, tight, and adjusted  Door on dairy walkin cooler is not closing properly. Please repair.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair.  Hand sink in meat room is not functioning properly; sprayer stuck "on" and no water coming out of main faucet. Hands can be washed under sprayer, but it is not convenient. Please repair.  Condensate drain line in deli display cooler is leaking. Please repair. Ensure no food is stored under drain until repaired.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing.  Floor in meat prep room and at front store entry is in poor condition. Also, walls near 3 compartment sink are damaged and no longer sealed to the floor. Repair needed to ensure floors and walls are smooth and easily cleanable.  Left sink in mens room is very loose on the wall. Repair needed to prevent it from falling.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge		Date
		02/21/2024
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 5351 The Baldwin Group, Inc. (11/19)

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