

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |   |                                    |  |
|--|---|------------------------------------|--|
| Name of facility<br>ANNA TRUCK STOP  | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br>2024215          | Date<br>03/18/2024   |
| Address<br>14262 ST RT 119   | City/State/Zip Code<br>ANNA OH 45302  |                                    |  |
| License holder<br>ANNA TRUCK STOP  | Inspection Time<br>90   | Travel Time<br>15                  | Category/Descriptive<br>COMMERCIAL CLASS 3 <25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><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<br><input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation |   | Follow-up date (if required)<br>// | Water sample date/result (if required)<br>//               |

## 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                                 | 23   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>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<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>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                                 | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Consumer advisory provided for raw or undercooked foods                                      |
| 4   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | <b>Highly Susceptible Populations</b>  |   |
| 5   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>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                                 | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>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<br><input type="checkbox"/> N/A<br>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                                 | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan        |
| 9   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Fresh Juice Production                    |
| 10  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Heat Treatment Dispensing Freezers        |
| <b>Approved Source</b>  |  | 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Custom Processing                         |
| 11  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT  | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Bulk Water Machine Criteria               |
| 12  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>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<br><input checked="" type="checkbox"/> N/A<br>Critical Control Point Inspection  |
| 14  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Process Review   |
| <b>Protection from Contamination</b>                          |  | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Variance   |
| 15  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | <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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 17  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  |  |   |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b> |  |  |   |
| 18  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |   |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |   |
| 22  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |  |   |

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |                                      |                           |
|--|--------------------------------------|---------------------------|
| <b>Name of Facility</b><br>ANNA TRUCK STOP | <b>Type of Inspection</b><br>sta com | <b>Date</b><br>03/18/2024 |
|--|--------------------------------------|---------------------------|

## 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 checked="" type="checkbox"/> IN <input 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 Hot and cold water available; adequate pressure                             |  |
| Plant food properly cooked for hot holding                              |   |   |  |
| 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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices |  |
| Approved thawing methods used   |   |   |  |
| 43  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed                                    |  |
| Thermometers provided and accurate                                      |   |   |  |
| Food Identification   |   | Administrative  |  |
| 44  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT   | 65  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Food properly labeled; original container                               |   | 901:3-4 OAC   |  |
| Prevention of Food Contamination  |   | 66  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 45  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 3701-21 OAC   |  |
| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |   |  |
| Wiping cloths: properly used and stored                                 |   |   |  |
| 49  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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                                   |
|----------|-------------------|----------------|---|-------------------------------------|-------------------------------------|
| 10       | 3717-1-05.1(L)    | NC             | Handwashing sink in kitchen area not accessible due to AC unit..<br>Handwashing sinks - location and placement.<br><br>3717-1-05.1.L: Handwashing sinks - location and placement. A handwashing sink shall be located:<br>3717-1-05.1.L.1: To allow convenient use by employees in food preparation, food dispensing, and warewashing areas.  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10       | 3717-1-06.2(C)    | NC             | No and drying provision (paper towels) at either handsink in the food prep areas.<br>Handwashing sinks - hand drying provision.<br><br>3717-1-06.2.C: Handwashing sinks - hand drying provision. Each handwashing sink or group of adjacent handwashing sinks shall be provided with:<br>3717-1-06.2.C.1: Individual, disposable towels;<br>3717-1-06.2.C.2: A continuous towel system that supplies the user with a clean towel;<br>3717-1-06.2.C.3: A heated-air hand drying device; or<br>3717-1-06.2.C.4: A hand drying device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11       | 3717-1-03.1(A)(1) | C              | Store made Yogurt in the walk in cooler is not an approved source of food.<br>Sources - compliance with food law.<br><br>3717-1-03.1.A.1: Food shall be obtained from sources that comply with law.<br>PIC stated that yogurt is for personal use only and will label store made yogurt as personal use only.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23       | 3717-1-03.4(G)    | C              | Ready to eat Hunt Brothers chicken not date marked.<br>Ready-to-eat, time/temperature controlled for safety food - date marking.<br>Ready to eat TCS food under refrigeration must be date marked to ensure that it is used or discarded within 7 days of preparation.<br>PIC date marked food.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

|   |  |
|---|--|
| <b>Person in Charge</b><br>SANDU  | <b>Date</b><br>03/18/2024                                  |
| <b>Environmental Health Specialist</b><br>JAY STAMMEN, REHS RS/SIT# #2806 | <b>Licensor:</b><br>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<br>ANNA TRUCK STOP   |                | Type of Inspection<br>sta com | Date<br>03/18/2024   |                                     |                                     |
|---|----------------|-------------------------------|--|-------------------------------------|-------------------------------------|
| <b>Observations and Corrective Actions (continued)</b>  |                |                               |  |                                     |                                     |
| Mark "X" in appropriate box for COS and R: <b>COS</b> = corrected on-site during inspection <b>R</b> = repeat violation |                |                               |  |                                     |                                     |
| Item No.  | Code Section   | Priority Level                | Comment  | COS                                 | R                                   |
| 43  | 3717-1-04.1(Y) | NC                            | Thermometer not present in stand up cooler.<br>Temperature measuring devices.<br><br>3717-1-04.1.Y: Temperature measuring devices.<br>3717-1-04.1.Y.1: In a mechanically refrigerated or hot food storage unit, the sensor of a temperature measuring device is to be located to measure the air temperature or a simulated product temperature in the warmest part of a mechanically refrigerated unit and in the coolest part of a hot food storage unit.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 44  | 3717-1-03.5(C) | NC                            | Packaged Haldi Doodh (Golden Milk) not properly labeled for consumer self service.<br>Food labels.<br><br>3717-1-03.5.C: Food labels.<br>3717-1-03.5.C.1: Food packaged in a food service operation or retail food establishment, shall be labeled as specified in 21 C.F.R. 101 and 9 C.F.R. 317.<br>3717-1-03.5.C.2: Label information shall include:<br>3717-1-03.5.C.2.a: The common name of the food, or absent a common name, an adequately descriptive identity statement;<br>3717-1-03.5.C.2.b: If made from two or more ingredients, a list of ingredients and sub-ingredients in descending order of predominance by weight, including a declaration of artificial colors, artificial flavors and chemical preservatives, if contained in the food;<br>3717-1-03.5.C.2.c: An accurate declaration of the quantity of contents;<br>3717-1-03.5.C.2.d: The name and place of business of the manufacturer, packer, or distributor; and<br>3717-1-03.5.C.2.e: The name of the food source for each major food allergen contained in the food unless the food source is already part of the common or usual name of the respective ingredient.<br>3717-1-03.5.C.2.f: Except as exempted in the Federal Food, Drug, and Cosmetic Act Section 403(q)(3)-(5) (as amended on August 2, 2004), nutrition labeling as specified in 21 C.F.R. 101 and 9 C.F.R. 317 Subpart B.<br>3717-1-03.5.C.2.g: For any salmonid fish containing canthaxanthin or astaxanthin as a color additive, the labeling of the bulk fish container, including a list of ingredients, displayed on the retail container or by other written means, such as a counter card, that discloses the use of canthaxanthin or astaxanthin.<br>3717-1-03.5.C.3: Bulk food that is available for consumer self-dispensing shall be prominently labeled with the following information in plain view of the consumer:<br>3717-1-03.5.C.3.a: The manufacturer's or processor's label that was provided with the food; or<br>3717-1-03.5.C.3.b: A card, sign, or other method of notification that includes the information specified under paragraphs (C)(2)(a), (C)(2)(b), and (C)(2)(f) of this rule.<br>3717-1-03.5.C.4: Bulk, unpackaged foods such as bakery products and unpackaged foods that are portioned to consumer specification need not be labeled if:<br>3717-1-03.5.C.4.a: A health, nutrient content, or other claim is not made; and<br>3717-1-03.5.C.4.b: The food is manufactured or prepared on the premises of the food service operation or retail food establishment or at another food service operation or retail food establishment or a food processing plant that is owned by the same person and is regulated by the food regulatory agency that has jurisdiction.<br>PIC stated that the Haldi Doodh is for personal use only and will label as such. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 61  | 3717-1-05.4(N) | NC                            | Solid waste dumpster lid open.<br>Covering receptacles.<br><br>3717-1-05.4.N: Covering receptacles. Receptacles and waste handling units for refuse, recyclables, or returnables shall be kept covered:<br>3717-1-05.4.N.1: Inside the food service operation or retail food establishment if the receptacles and units:<br>3717-1-05.4.N.1.a: Contain food residue and are not in continuous use; or<br>3717-1-05.4.N.1.b: After they are filled; and<br>3717-1-05.4.N.2: With tight-fitting lids or doors if kept outside the food service operation or retail food establishment.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 62  | 3717-1-06.4(N) | NC                            | Solid waste (trash) laying all over exterior of property. Also, ice machine not being used anymore.<br>Maintaining premises - unnecessary items and litter.<br><br>3717-1-06.4.N: Maintaining premises - unnecessary items and litter. The premises shall be free of:<br>3717-1-06.4.N.1: Items that are unnecessary to the operation or maintenance of the food service operation or retail food establishment such as equipment that is nonfunctional or no longer used; and<br>3717-1-06.4.N.2: Litter.<br>PIC stated that staff will pick up trash on exterior of property ASAP.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

|   |  |   |
|---|--|---|
| Person in Charge<br>SANDU   |  | Date<br>03/18/2024                                  |
| Environmental Health Specialist<br>JAY STAMMEN, REHS      RS/SIT# #2806 |  | Licensor:<br>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)