

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

| | | | |
|--|---|------------------------------------|--|
| Name of facility WAGNERS | Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number 2024047 | Date 04/16/2024 |
| Address 200 SOUTH MAIN ST | City/State/Zip Code FT LORAMIE OH 45845 | | |
| License holder LEO BRAIDO | Inspection Time 120 | Travel Time 30 | Category/Descriptive COMMERCIAL CLASS 4 <25,000 SQ. FT. |
| Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | 23 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Person in charge present, demonstrates knowledge, and performs duties | | Proper date marking and disposition | |
| 2 | <input type="checkbox"/> IN <input checked="" 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 |
| Certified Food Protection Manager | | 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 |
| Management, food employees and conditional employees; knowledge, responsibilities and reporting | | 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 | |
| Proper use of restriction and exclusion | | 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered | |
| Procedures for responding to vomiting and diarrheal events | | Chemical | |
| Good Hygienic Practices | | 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Food additives: approved and properly used | |
| Proper eating, tasting, drinking, or tobacco use | | 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Toxic substances properly identified, stored, used | |
| No discharge from eyes, nose, and mouth | | Conformance with Approved Procedures | |
| Preventing Contamination by Hands | | 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan | |
| Hands clean and properly washed | | 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Fresh Juice Production | |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 10 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Special Requirements: Heat Treatment Dispensing Freezers | |
| Adequate handwashing facilities supplied & accessible | | 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Approved Source | | 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 |
| Food obtained from approved source | | Special Requirements: Bulk Water Machine Criteria | |
| 12 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food received at proper temperature | | 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 |
| Food in good condition, safe, and unadulterated | | 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Required records available: shellstock tags, parasite destruction | | Process Review | |
| Protection from Contamination | | 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 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> | |
| 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 | | | |
| Proper hot holding temperatures | | | |
| 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 | | |
| 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 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

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|------------------------------------|-------------------------------------|---------------------------|
| Name of Facility WAGNERS | Type of Inspection sta pr | Date 04/16/2024 |
|------------------------------------|-------------------------------------|---------------------------|

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 | | 56 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| 40 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Physical Facilities | |
| Proper cooling methods used; adequate equipment for temperature control | | 57 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 41 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Hot and cold water available; adequate pressure | |
| Plant food properly cooked for hot holding | | 58 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| 42 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| Approved thawing methods used | | 59 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 43 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Sewage and waste water properly disposed | |
| Thermometers provided and accurate | | 60 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Food Identification | | 61 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 44 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Garbage/refuse properly disposed; facilities maintained | |
| Food properly labeled; original container | | 62 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Prevention of Food Contamination | | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 63 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Insects, rodents, and animals not present/outer openings protected | | Adequate ventilation and lighting; designated areas used | |
| 46 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | 64 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Contamination prevented during food preparation, storage & display | | Administrative | |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 65 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Personal cleanliness | | 901:3-4 OAC | |
| 48 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 66 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Wiping cloths: properly used and stored | | 3701-21 OAC | |
| 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| In-use utensils: properly stored | | | |
| 51 | <input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 | | Item 36 Process Review. Food was Wagner's chicken and noodles from cradle to grave. Cook was unsure that the proper cooling times and temperatures were being followed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 3717-1-02.4(B)(2)(g) | C | Demonstration of Knowledge - Stating the required temperatures and times for the safe refrigerated storage, hot holding, cooling, and reheating of time/temperature controlled for safety food; Closing crew to be properly trained and to use the reference chart so the leftover chicken and noodles is properly cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F within 4 hours. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | 3717-1-02.4(A)(2) | NC | This licensed facility needs a level two food safety certified manager. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 | 3717-1-06.2(C) | NC | Subway handwash sink was out of paper towels. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 44 | 3717-1-03.5(C) | NC | At the self-serve doughnut case, you need a list of the ingredients of the various doughnuts. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 46 | 3717-1-03.2(Y) | NC | In back room food prep area, the purple fan has a dusty grate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 | 3717-1-03.2(M) | NC | In kitchen/Subway, the wiping cloths were not in the red buckets of sanitizer. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 50 | 3717-1-03.2(K) | NC | In the kitchen, bulk salt container had a plastic bowl insted of a scoop with a handle. | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 | 3717-1-04.8(E)(1) | NC | In back hallway across from the freezers, boxes of Subway cups/tray/bags were directly on the floor. In kitchen behind the back wall of Subway, there were more boxes of napkins and food containers directly on the floor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 | 3717-1-04.8(F) | NC | In cabinet under the Subway handsink, do not store the tomatoe slicer there unless there is a secondary barrier to drain leakage. | <input type="checkbox"/> | <input type="checkbox"/> |
| 56 | 3717-1-04.5(A)(3) | NC | On/around/above/behind/below Henny Penny deep fryer there is an accumulation of oil. On top of Royal oven, there is an accumulation of dust. In kitchen in tray behind fried chicken display case, where the tongs are stored there is an accumulation of oil. | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | 3717-1-06.4(A) | NC | In mop-sink room, there are multiple holes busted in the walls (repeat). In back hallway along the freezers, there is an orange extension cord on the floor due to electrical issues. | <input type="checkbox"/> | <input type="checkbox"/> |

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| Person in Charge JOHN PARLETT | Date 04/16/2024 |
| Environmental Health Specialist TED WUEBKER, REHS RS/SIT# 2337 | 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

Authority: Chapters 3717 and 3715 Ohio Revised Code

| Name of Facility WAGNERS | | | Type of Inspection sta pr | | Date 04/16/2024 | |
|---|----------------|----------------|---|-------------------------------------|--------------------------|--|
| 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 | |
| 62 | 3717-1-06.4(C) | NC | By old ice machine, there are loose pasta and crumbs on the floor under the shelving unit. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 62 | 3717-1-06.4(F) | NC | One of the three mops was not hanging to air dry, it was laying in the sink blocking the drain. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 63 | 3717-1-06.2(I) | NC | In the milk walk-in-cooler, two lights were not working. In the middle freezer in the back hallway, the lights were not working. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 65 | 901:3-4-15(B) | C | Five containers of hawaiian delight baby food were expired. The PIC immediately removed these items. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

| | | | | |
|--|--|---|--------------------|--|
| Person in Charge JOHN PARLETT | | | Date 04/16/2024 | |
| Environmental Health Specialist TED WUEBKER, REHS RS/SIT# 2337 | | 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)