

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

Name of facility BUCKEYE AT JC	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2024308	Date 07/30/2024
Address 432 WEST PIKE STREET	City/State/Zip Code JACKSON CENTER OH 45334		
License holder 900 CHUDAV INC.	Inspection Time 60	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	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
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 <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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	Variance	
Food separated and protected		<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>	
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 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 checked="" 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

Name of Facility BUCKEYE AT JC	Type of Inspection sta	Date 07/30/2024
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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 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		56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
40	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Nonfood-contact surfaces clean
	Proper cooling methods used; adequate equipment for temperature control	Physical Facilities	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Thermometers provided and accurate	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification			Sewage and waste water properly disposed
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Food properly labeled; original container		Toilet facilities: properly constructed, supplied, cleaned
Prevention of Food Contamination		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Garbage/refuse properly disposed; facilities maintained
	Insects, rodents, and animals not present/outer openings protected	62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Contamination prevented during food preparation, storage & display		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
	Personal cleanliness		Adequate ventilation and lighting; designated areas used
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Wiping cloths: properly used and stored		Existing Equipment and Facilities
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Administrative	
	Washing fruits and vegetables	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Proper Use of Utensils			901:3-4 OAC
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	In-use utensils: properly stored		3701-21 OAC
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		Current food license only allows for one bulk reheat per week; if you want to continue to due bulk reheats I strongly encourage you to practice the proper procedure for cooling and reheating product. We can properly license facility as a risk level 4 next season.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Need plumbing permit for new ice machine	<input type="checkbox"/>	<input type="checkbox"/>
2	3717-1-02.4(A)(2)	NC	Level Two Certified Manager Need at least one employee with supervisory and management responsibility and direct control of food preparation shall obtain the level two certification on food protection.	<input type="checkbox"/>	<input type="checkbox"/>
19	3717-1-03.3(H)	C	Reheating for hot holding. Meatballs hot holding at 103 F (checked @1pm) , meatball placed in warming unit at 10am to reheat meatball. PIC stated that meatballs are reheated about 5x per week. Proper reheating of meatballs for hot holding requires that all parts of the reheated product reach an internal temperature of 165 F for 15 second. Reheats shall be done rapidly so food is only in the danger zone (42 F -164 F) less an hours.	<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 and open bags of lettuce not date marked.. All ready to eat potentially hazardous food shall be clearly marked to indicate the date by which the food shall be consumed.	<input type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(H)	C	Ready-to-eat, time/temperature controlled for safety food - disposition. Observed cole slaw in walk-in cooler with a date marking of July 7. All potentially hazardous food that exceeds its time and temperature limit shall be discarded. PIC discarded out dated cole slaw.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 07/30/2024
Environmental Health Specialist MICHAEL MCCLAIN, REHS RS/SIT# 3051	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)

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

Name of Facility BUCKEYE AT JC			Type of Inspection sta	Date 07/30/2024	
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
40	3717-1-03.4(E)	NC	Cooling methods - temperature and time control. PIC not aware of the proper cooling method. for leftover potentially hazardous foods. Strongly encourage level two manager training	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)(1)	NC	Equipment - good repair and proper adjustment. Observed broken door handle on MAXX Cold Freezer	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge		Date 07/30/2024
Environmental Health Specialist MICHAEL MCCLAIN, REHS	RS/SIT# 3051	Licensors: 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)



**Application for Ohio Department of Health
Manager Certification in Food Protection**

Authority: 3717.09 ORC; 3701-21-25 OAC

To request the Ohio Manager Certification in Food Protection, you must complete this application and submit it with all requested material to:

Ohio Department of Health
BEHRP Food Safety Program
246 N. High St.
Columbus, Ohio 43215

Or email to: foodsafety@odh.ohio.gov

First Name:	Middle Initial:	Last Name:
Address		
City	State	Zip Code
Phone:	Email:	
Are you a United States Armed Forces service member or veteran, or the spouse or surviving spouse of a service member or veteran (proof of service member/veteran status must be attached)?		
<input type="radio"/> Yes <input checked="" type="radio"/> No		

Completed course information:

Name of Instructor/Proctor:	
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The following documents must be provided along with this application:

1. Proof of completion of an approved manager certification course of study from the instructor, ***or*** proof of completion of an approved manager certification online course; and
2. A copy of the exam certificate received.

I hereby certify that the information provided is correct to the best of my knowledge.

Signature:	Title:	Date:
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Example Food Employee Illness Reporting Policy

The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees report to the “person in charge” (PIC) information about their health as it relates to diseases that are transmissible through food.

Reporting

A food employee shall report the information in a manner that allows the PIC to reduce the risk of foodborne disease through transmission if the food employee or conditional employee:

1. Has any of the following symptoms:
 - a. Vomiting
 - b. Diarrhea
 - c. Jaundice
 - d. Sore throat with fever
 - e. Lesions (containing pus or an infected wound that is open or draining)

2. Has an illness diagnosed by a health care provider due to:

<ol style="list-style-type: none">a. Campylobacterb. Cryptosporidiumc. Cyclosporad. Entamoeba histolyticae. Escherichia coli *f. Giardiag. Hepatitis A *	<ol style="list-style-type: none">h. Norovirus *i. Salmonella ssp.j. Salmonella Typhi *k. Shigella *l. Vibrio choleraem. Yersinia
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3. Had a previous illness, diagnosed by a health care provider, within the past three months due to Salmonella Typhi, without having received antibiotic therapy, as directed by health care provider. (Applies only to a conditional employee)

4. Has been exposed to, or is the suspected source of, a confirmed disease outbreak, because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person infected with any diseases bolded above. (Applies only to a conditional employee who will work with a highly susceptible population)

5. Has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and had knowledge about, an individual who works or attends a setting where there is confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by the diseases noted with a * above. (Applies only to a conditional employee who will work with a highly susceptible population)

Exclusions and Restrictions

The PIC shall **restrict** the duties of a food employee from a food service operation or retail food establishment that has any of the **symptoms** listed on previous page.

The PIC shall **restrict or exclude** the duties of a food employee from a food service operation or retail food establishment that has any of the **illnesses** listed on the previous page (refer to Ohio Administrative Code 3701-3-13 for specific isolation requirements).

- Restrict- the employee may come to work, but duties may be limited so that there is no risk of transmitting a disease through food and the food employee does not work with exposed food; clean equipment, utensils, linens, and un-wrapped single-service or single use articles.
- Exclude- the employee may not come to work

The PIC shall notify the licensor if an employee is diagnosed with any of the listed illnesses.

Returning to Work

The PIC may remove a restriction or exclusion if the employee is released by a health care provider or by approval of the licensor. This provision does not prohibit a PIC from removing the restriction of a food employee if the restriction was due to symptoms listed on previous page, the symptoms have ceased, and the illness was not from an infectious disease agent listed on previous page.

Policy

Employee listed below is committed to ensuring the health, safety and wellbeing of our employees and customers by complying with all health department regulations and the purpose statement listed.

Conditional employee: A potential food employee to whom a job offer is made, conditional on responses to subsequent medical questions or examinations designed to identify potential food employees who may be suffering from a disease that can be transmitted through food and done in compliance with Title 1 of the Americans with Disabilities Act of 1990.

Highly susceptible population: Persons who are more likely than other people in the general population to experience foodborne disease because they are a) immunocompromised, preschool age children, or older adults; and b) obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

NAME	SIGNATURE	DATE



Food Safety Program

Bureau of Environmental Health
and Radiation Protection

"To protect and improve the health of all Ohioans"

Clean-up Guidance for Vomit/Fecal Accidents in Food Service Operations

The 2016 Ohio Uniform Food Safety Code requires that all food service operations and retail food establishments have written procedures for employees to follow when responding to vomiting and diarrheal events. Information from this document can help develop written procedures for a facility.

Note: Effective cleaning of vomitus and fecal matter in a food service operation or retail food establishment should be handled differently from routine cleaning procedures.

It is recommended that written procedures for cleaning up vomiting and diarrheal accidents include the following steps:

1. Segregate the area. It is recommended that all surfaces within a twenty-five foot radius of the vomit or diarrhea accident be segregated and properly cleaned and disinfected.
2. Wear disposable gloves during cleaning. To help prevent the spread of disease, it is recommended that a disposable mask and/or cover gown (apron) be worn when cleaning liquid matter.
3. Wipe up the matter with towels and dispose into a plastic garbage bag.
4. Use a U.S. Environmental Protection Agency (EPA) registered disinfectant effective against *Norovirus* (Norwalk-like virus) following label directions or mix a chlorine bleach solution that is stronger than the chlorine solution used for general cleaning [CDC recommends 1000-5000 ppm or 2.5-12.5 fluid ounces of household bleach (5.25%) per gallon of water].
5. Apply the disinfectant or bleach solution and allow it to remain wet in the affected area for at least 10 minutes. Allow to air dry. Dispose of any remaining disinfection solution once the accident has been cleaned up.
6. Discard gloves, mask, and cover gown (or apron) in a plastic bag.
7. Take measures to dispose of and/or clean and disinfect the tools and equipment used to clean up vomit and fecal matter.
8. Properly wash hands.
9. Discard any food that may have been exposed.
10. *Food contact surfaces that have been disinfected must be **washed, rinsed, and sanitized prior to use** to remove disinfectant residue and prevent contamination of food.*
11. Discard all garbage bags in the dumpster or waste receptacle. If any of the waste appears to contain blood, refer to the Ohio EPA guidelines for disposal of infectious waste (<http://epa.ohio.gov/portals/34/document/guidance/SmG%20IW%20guidance.pdf>).
12. Minimize the risk of disease transmission through the prompt removal of ill employees, customers and others from areas of food preparation, service, and storage.

Additional Resources:

CDC *Preventing Norovirus Infection*:
<http://www.cdc.gov/norovirus/preventing-infection.html>.

U.S. EPA *Registered Hospital Disinfectants Effective against Norovirus (Norwalk-like virus)*:
https://www.epa.gov/sites/production/files/2017-07/documents/20171207.listg_.pdf

Ohio Uniform Food Safety Code:
<http://www.odh.ohio.gov/rules/final/3717-1.aspx>

Ohio Department of Health Food Safety Program:
<http://www.odh.ohio.gov/odhprograms/eh/foods/food2.aspx>

Ohio Department of Agriculture Division of Food Safety:
<http://www.agri.ohio.gov/divs/FoodSafety/foodsafety.aspx>