

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HAMPTON INN, LLC, SIDNEY	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2024069	Date 10/08/2024
Address 1600 HAMPTON COURT	City/State/Zip Code SIDNEY OH 45365		
License holder HILLIARD HOTELS LLC	Inspection Time 75	Travel Time 0	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) //	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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health			
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory	
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
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	
Proper use of restriction and exclusion		Highly Susceptible Populations	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Procedures for responding to vomiting and diarrheal events		Pasteurized foods used; prohibited foods not offered	
Good Hygienic Practices			
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Chemical	
Proper eating, tasting, drinking, or tobacco use		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
No discharge from eyes, nose, and mouth		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Preventing Contamination by Hands			
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
Hands clean and properly washed		Conformance with Approved Procedures	
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Adequate handwashing facilities supplied & accessible		Special Requirements: Fresh Juice Production	
Approved Source			
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	31	<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: Heat Treatment Dispensing Freezers	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	32	<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: Custom Processing	
13	<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 in good condition, safe, and unadulterated		Special Requirements: Bulk Water Machine Criteria	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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
Required records available: shellstock tags, parasite destruction		Special Requirements: Acidified White Rice Preparation Criteria	
Protection from Contamination			
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	35	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Food separated and protected		Critical Control Point Inspection	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Food-contact surfaces: cleaned and sanitized		Process Review	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Proper disposition of returned, previously served, reconditioned, and unsafe food		Variance	
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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>	
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 checked="" 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			

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Name of Facility HAMPTON INN, LLC, SIDNEY	Type of Inspection sta ccp	Date 10/08/2024
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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		
	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
		56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
			Nonfood-contact surfaces clean
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	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Proper cooling methods used; adequate equipment for temperature control		Hot and cold water available; adequate pressure
41	<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
	Plant food properly cooked for hot holding		Plumbing installed; proper backflow devices
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 type="checkbox"/> IN <input checked="" 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
			Toilet facilities: properly constructed, supplied, cleaned
		61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
			Garbage/refuse properly disposed; facilities maintained
		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
			Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
			<input type="checkbox"/> N/A <input type="checkbox"/> N/O
		63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
			Adequate ventilation and lighting; designated areas used
		64	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
			Existing Equipment and Facilities
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
	Food properly labeled; original container		901:3-4 OAC
		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
			3701-21 OAC
Prevention of Food Contamination			
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 type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
	Wiping cloths: properly used and stored		
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input checked="" 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
	Comment/ Obs		Hot food = >135 F (holding) Good! All coolers = < 41 F (food) Good! *Cream cheese on bottom of counter fridge was a little warm; likely due to air flow being blocked by solid trays. Recommend not using trays.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Round plastic lid being stored in cabinet under bagels/breads has some old food residue on it. Please clean.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Note: Yogurt, cream cheese, and eggs are stored in display refrigerator at 41 F or less. Therefore, they do not need to be on the list of items that must be thrown away at the end of breakfast.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-I.0007		Employee Health: The operation had an employee health policy on file. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0011		Preventing Contamination by Hands: Hand washing facilities are properly supplied. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0017		TCS Food: Observed ready to eat TCS foods being properly date marked, and discarded when required. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0018		TCS Food: Observed hot foods being held at 135 F or above; cold foods being held at 41 F or below. *Good! (except for items on discard sheet)	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0019		TCS Food: Observed time/temperature controlled for safety foods being properly held using time as a public health control; the operation had a written procedure on file, foods were properly marked to indicate the time that the food was removed from temperature control, and food was discarded when required. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-X.5		Chemical: Toxic materials are properly identified and stored. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.1(L)	C	Ambient air and water temperature measuring device - accuracy Thermometer in storage room refrigerator is not accurate (reads 12 F). Please replace. *PIC will replace thermometer.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(E)(1)	NC	Equipment, utensils, linens - storage.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge	Date 10/08/2024
Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993	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 HAMPTON INN, LLC, SIDNEY			Type of Inspection sta ccp	Date 10/08/2024	
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
			Clean utensils stored in cardboard box in kitchen drawer. Clean utensils may not be stored in contact with cardboard due to container cleanability issues.		
52	3717-1-04.8(G)(1)	NC	Kitchenware and tableware - handling of single-service and single use articles. Plastic cups at juice station are stored "right-side-up" which allows hand contamination of lip contact part of cup. Please dispense "upside-down".	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(N)	NC	Covering receptacles. Dumpster lids open. Please keep closed to prevent animals and weather from scattering litter.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(P)	NC	Maintaining refuse areas and enclosures. Loose trash on ground inside dumpster enclosure. Please collect and properly dispose of solid waste.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. Water damage around window in storage room. Please repair.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
63	3717-1-06.2(I)	NC	Physical facilities: numbers and capacities. A couple of light bulbs out in dry storage room and another out above toaster in customer service area. Please replace bulbs to give proper lighting levels.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64	3717-1-20	NC	Existing Facilities and Equipment - Requirements for Replacement Residential refrigerator and freezer still in storage room. Please replace with commercial refrigeration. In addition, Crosby counter-top refrigerator is for household use only according to its manual. Please replace with commercially certified unit.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge		Date 10/08/2024
Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993		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)