

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility PIZZA HUT # 40244	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 2024219	Date 12/05/2024
Address 445 RUSSELL ROAD	City/State/Zip Code SIDNEY OH 45365		
License holder SFR X HOLDINGS, LLC	Inspection Time 120	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	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 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	
<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 <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	<b>Highly Susceptible Populations</b>	
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		<b>Chemical</b>	
<b>Good Hygienic Practices</b>		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 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	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		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
<b>Approved Source</b>		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 checked="" type="checkbox"/> N/A <input 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	
<b>Protection from Contamination</b>		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><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 type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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> PIZZA HUT # 40244	<b>Type of Inspection</b> sta	<b>Date</b> 12/05/2024
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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	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
<b>Food Temperature Control</b>		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		Nonfood-contact surfaces clean
	Proper cooling methods used; adequate equipment for temperature control	<b>Physical Facilities</b>	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input checked="" 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
<b>Food Identification</b>			Sewage and waste water properly disposed
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	60	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
	Food properly labeled; original container		Toilet facilities: properly constructed, supplied, cleaned
<b>Prevention of Food Contamination</b>		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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
46	<input checked="" 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 type="checkbox"/> IN <input checked="" 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	<b>Administrative</b>	
	Washing fruits and vegetables	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
<b>Proper Use of Utensils</b>			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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment.  Observed an accumulation of dust and dirt on electrical conduit, outlets and floor/wall junctures throughout facility. Non-food - contact surfaces are to be kept free of an accumulation of dust, dirt, food residue, and other debris.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. Currently the bathroom is out of order; toilet appears to be sinking into the floor. 3717-1-05.1.S: Plumbing system - maintained in good repair. A plumbing system shall be: 3717-1-05.1.S.2: Maintained in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
60	3717-1-06.3(B)	NC	Toilet rooms - convenience and accessibility.  Currently bathroom is out of order. 3717-1-06.3.B: Toilet rooms - convenience and accessibility. Toilet rooms are to be conveniently located and accessible to employees during all hours of operation.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.0(A)	NC	Indoor areas - surface characteristics  Observed a several broken and crack floor tiles. 3717-1-06.0.A: Indoor areas - surface characteristics 3717-1-06.0.A.1: Except as specified in paragraph (A)(2) of this rule, materials for indoor floor, wall, and ceiling surfaces under conditions of normal use are to be:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> SUMNER	<b>Date</b> 12/05/2024
<b>Environmental Health Specialist</b> MICHAEL MCCLAIN, REHS      RS/SIT# 3051	<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

<b>Name of Facility</b> PIZZA HUT # 40244	<b>Type of Inspection</b> sta	<b>Date</b> 12/05/2024
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**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
			3717-1-06.0.A.1.a: Smooth, durable, and easily cleanable for areas where food service operation or retail food establishment activities are conducted; 3717-1-06.0.A.1.b: Closely woven and easily cleanable carpet for carpeted areas; and 3717-1-06.0.A.1.c: Nonabsorbent for areas subject to moisture such as food preparation areas, walk-in refrigerators, warewashing areas, toilet rooms, mobile food service operation or mobile retail food establishment servicing areas, and areas subject to flushing or spray cleaning methods. 3717-1-06.0.A.2: In a temporary food service operation or temporary retail food establishment: 3717-1-06.0.A.2.a: A floor if graded to drain, may be concrete, machine-laid asphalt, or dirt or gravel if it is covered with mats, removable platforms, duckboards, or other approved materials that are effectively treated to control dust and mud; and 3717-1-06.0.A.2.b: Walls and ceilings may be constructed of a material that protects the interior from the weather and windblown dust and debris.		
62	3717-1-06.1(C)	NC	Floor and wall junctures - coved, and enclosed or sealed.  Replace broken and missing coving.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(F)	NC	Drying mops. Wet mop stored in mop sink basin. Need position mop to allow to air dry. 3717-1-06.4.F: Drying mops. After use, mops shall be placed in a position that allows them to air-dry without soiling walls, equipment, or supplies.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.2(l)(3)	NC	Lighting - intensity (50 FC)  Light intensity measured at hot oil fryer was 20 footcandles of light. need to increase the light intensity to 50 footcandles of light for employee safety purposes,	<input type="checkbox"/>	<input checked="" type="checkbox"/>
63	3717-1-06.1(l)	NC	Light bulbs - protective shielding.  Light fixture above prep sink is missing protective light shield.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> SUMNER	<b>Date</b> 12/05/2024
<b>Environmental Health Specialist</b> MICHAEL MCCLAIN, REHS      RS/SIT# 3051	<b>Licensors:</b> 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)

# Shelby County Plumbing Permit Application

Sidney-Shelby County Health Department  
 202 West Poplar St., Sidney OH 45365  
 Phone: (937) 498-7249 Fax (937) 498-7013

Permit No. \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Plans Approved \_\_\_\_\_

Call for inspection day before: 937-573-3534 or 937-573-3535  
 Miami County Health District 510 W Water St Troy OH 45373

**PRINT**

JOB ADDRESS INFORMATION \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Address \_\_\_\_\_ Township \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OWNER'S INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_ Township \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided in Section 3703.99, inclusive of the Revised Code and the Ohio Administration Code 4101-51.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registration # \_\_\_\_\_ State Contractor Lic # \_\_\_\_\_

Ohio Dept. of Commerce Backflow Tester Certification Lic. # \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 or Authorized Agent \_\_\_\_\_

**NOTE: State Contractor License number required for ALL Commercial Plumbing.**

- A reinspection fee of \$50.00 will be assessed whenever a reinspection is necessary.
- No portion of any building shall be occupied until final air tests and inspections have been made and approved.
- For Homeowners Only: Isometric drawing must be submitted with this application and approved before permit is issued.
- Permits left dormant for more than one year are subject to review and revocation.

**COMMENTS:**

**INSPECTIONS:**

STORM DRAIN \_\_\_\_\_ DATE \_\_\_\_\_ TEST \_\_\_\_\_  
 UNDERGROUND \_\_\_\_\_ DATE \_\_\_\_\_ TEST \_\_\_\_\_  
 ROUGH IN \_\_\_\_\_ DATE \_\_\_\_\_ TEST \_\_\_\_\_  
 FINAL \_\_\_\_\_ DATE \_\_\_\_\_ TEST \_\_\_\_\_  
 REINSPECTION DATE \_\_\_\_\_

**FLOOR**

FIXTURES	FLOOR			
	B	1	2	3
Water Closet				
Bath Tub				
Lavatories				
Shower				
Sink / Mop / Bar				
Garbage Disposal				
Dishwasher				
Laundry Tray				
Automatic Washer				
Floor Drain				
Ejector Pit				
Back Water Valve				
Air Admittance Valve				
Water Heater				
Water Softener				
Grease Trap /Interceptor				
Backflow				
Urinal				
Drinking Fountain				
Sump Pump				
Other				
<b>Replacement</b>				
Water Heater \$30				
Water Softeners \$30				
Must include phone				

PLUMBING FEES		
Basic Permit	\$45.00	
Fixtures	@ \$17.00	
Plan Review Residential	- \$45.00	
Plan Review Commercial	- \$ 0.0125 per Sq. Ft. Minimum \$ 25.00	
Reinspection Fee	\$50.00	
Special Inspection Fee	\$125.00	
<b>Backflow Recertification</b>	<b>\$25.00</b>	
<b>TOTAL DUE</b>		

Date Paid \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Received by \_\_\_\_\_  
 Reinspection fee paid \_\_\_\_\_

\* Note: Please call Health Dept  
By 2pm Monday Dec 9th to give  
updates on bathroom repair.

937-498-7249



**Miami County  
Public Health**  
Prevent. Promote. Protect.

**Barry McMillen, CPI**  
Chief, Plumbing Inspector

Miami County Public Health  
510 W. Water St., Suite 130  
Troy, OH 45373-2985

Phone: 937-573-3548  
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