

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility EIGHT K'S ENT., INC. DBA SMOK'N JO'S	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2024059	Date 02/26/2025
Address 1951 W. MICHIGAN ST.	City/State/Zip Code SIDNEY OH 45365		
License holder MYRON KOESTER	Inspection Time 120	Travel Time 10	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 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			
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	
Procedures for responding to vomiting and diarrheal events		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Good Hygienic Practices		Pasteurized foods used; prohibited foods not offered	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Chemical	
Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	
No discharge from eyes, nose, and mouth		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Food additives: approved and properly used		28	
Preventing Contamination by Hands		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Conformance with Approved Procedures	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed			
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	29	
Adequate handwashing facilities supplied & accessible		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Approved Source		Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	30	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	<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: Fresh Juice Production	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	31	
Food received at proper temperature		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	32	
Food in good condition, safe, and unadulterated		<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: Heat Treatment Dispensing Freezers	
Protection from Contamination		33	
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food separated and protected		Special Requirements: Bulk Water Machine Criteria	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34	
Food-contact surfaces: cleaned and sanitized		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	
Proper disposition of returned, previously served, reconditioned, and unsafe food		<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	
Critical Control Point Inspection		36	
Time/Temperature Controlled for Safety Food (TCS food)		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Process Review	
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	37	
Proper reheating procedures for hot holding		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Proper cooling time and temperatures		<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>	
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 type="checkbox"/> IN <input checked="" 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> EIGHT K'S ENT., INC. DBA SMOK'N JO'S	<b>Type of Inspection</b> sta ccp	<b>Date</b> 02/26/2025
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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: <b>IN</b> = in compliance <b>OUT</b> = not in compliance <b>N/O</b> = not observed <b>N/A</b> = not applicable					
<b>Safe Food and Water</b>		<b>Utensils, Equipment and Vending</b>			
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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
<b>Food Temperature Control</b>		<b>Physical Facilities</b>			
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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	Approved thawing methods used	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
<b>Food Identification</b>		<b>Administrative</b>			
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
<b>Prevention of Food Contamination</b>		<b>Administrative</b>			
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	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	Personal cleanliness	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	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	Wiping cloths: properly used and stored	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Existing Equipment and Facilities
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	<b>Administrative</b>		
<b>Proper Use of Utensils</b>		<b>Administrative</b>			
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	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC
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: <b>COS</b> = corrected on-site during inspection <b>R</b> = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		Dishwasher = OK	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		GFCI receptacle in women's restroom is damaged. Recommend replacement.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Please ensure containers of food in walkin cooler are covered in storage, after cooling (as applicable).	<input type="checkbox"/>	<input type="checkbox"/>
2	3717-1-02.4(A)(2)	NC	Level Two Certified Manager  Per PIC, too long of a gap between Manager Certification class and test. Therefore, ODH would not grant Ohio Manager Certification certificate. Please retake class and test to obtain this certification.	<input type="checkbox"/>	<input type="checkbox"/>
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding.  Food on top of salad prep cooler was borderline warm again (~42 F). HB eggs were 45 F. Food in bottom of unit was < 41 F. Please adjust unit to ensure top pans hold food <= 41 F. Cooked eggs should not be placed into this unit until they are cooled to 41 F in the walkin. *PIC will adjust.  Sour cream in lidded cups on top of salad prep was 51 F. Corn salsa in lidded cups on top of kitchen prep was 45 F. House-made ranch dressing and bacon on top of kitchen prep which were not in direct contact with the cold pans were 51 F and 49 F, respectively. All TCS foods that are placed in secondary containers must be stored in the bottom of the prep units to maintain proper temperature. *PIC will ensure this is done.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking.  No dates on many ready to eat, TCS foods in the bottom of the prep coolers and undercounter meat cooler.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Person In Charge</b>	<b>Date</b>
RUSTY SCHWEPE, REHS RS/SIT# 2993	02/26/2025
<b>Environmental Health Specialist</b>	<b>Licensors:</b>
RUSTY SCHWEPE, REHS RS/SIT# 2993	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 EIGHT K'S ENT., INC. DBA SMOK'N JO'S				Type of Inspection sta ccp		Date 02/26/2025	
<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		
			Please ensure that all packages/containers of ready to eat, TCS foods are dated once prepped or opened. *PIC states that all foods were prepped/opened within the last couple of days and will date them. He will also be sure to relay dating requirements to staff.				
35	CCP-III.0011		Preventing Contamination by Hands: Hand washing facilities are properly supplied. *Good!	<input type="checkbox"/>	<input type="checkbox"/>		
35	CCP-VI.0012		TCS Food: Refrigerated, ready-to-eat, TCS foods held refrigerated for more than 24 hours were not properly date marked.	<input type="checkbox"/>	<input type="checkbox"/>		
35	CCP-VI.0015		TCS Food: Some cold TCS foods were not being held at the proper temperature.	<input type="checkbox"/>	<input type="checkbox"/>		
35	CCP-VIII.000		Consumer Advisory: Observed a consumer advisory on the menu for animal foods that are served raw, undercooked or not otherwise processed to eliminate pathogens. *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"/>		
62	3717-1-06.4(A)	NC	Repairing.  Tile coving next to undercounter meat cooler is damaged and/or missing. Please repair.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions.  Found some food residue in the bottom of the old ice bin next to the drive thru window and in the chest cooler used to hold single-service items across from the waitress display cooler. Also, additional cleaning needed under equipment, especially in the main cook line.	<input type="checkbox"/>	<input type="checkbox"/>		
63	3717-1-06.2(I)	NC	Physical facilities: numbers and capacities.  A few light bulbs are out in kitchen. Please replace bulbs to give proper lighting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Person in Charge		Date 02/26/2025	
Environmental Health Specialist RUSTY SCHWEPE, REHS      RS/SIT# 2993		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)