

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

Name of facility FRISCH'S	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2024337	Date 03/04/2025
Address 2120 W. MICHIGAN AVENUE	City/State/Zip Code SIDNEY OH 45365		
License holder FRM OPERATION LLC	Inspection Time 30	Travel Time 10	Category/Descriptive COMMERCIAL CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" 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																																																																																																									
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Supervision</th></tr> <tr><td>1</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Person in charge present, demonstrates knowledge, and performs duties</td></tr> <tr><td>2</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Certified Food Protection Manager</td></tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Employee Health</th></tr> <tr><td>3</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Management, food employees and conditional employees; knowledge, responsibilities and reporting</td></tr> <tr><td>4</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Proper use of restriction and exclusion</td></tr> <tr><td>5</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Procedures for responding to vomiting and diarrheal events</td></tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Good Hygienic Practices</th></tr> <tr><td>6</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/O   Proper eating, tasting, drinking, or tobacco use</td></tr> <tr><td>7</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/O   No discharge from eyes, nose, and mouth</td></tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Preventing Contamination by Hands</th></tr> <tr><td>8</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/O   Hands clean and properly washed</td></tr> <tr><td>9</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td></tr> <tr><td>10</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Adequate handwashing facilities supplied &amp; accessible</td></tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Approved Source</th></tr> <tr><td>11</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   Food obtained from approved source</td></tr> <tr><td>12</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Food received at proper temperature</td></tr> <tr><td>13</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   Food in good condition, safe, and unadulterated</td></tr> <tr><td>14</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Required records available: shellstock tags, parasite destruction</td></tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Protection from Contamination</th></tr> <tr><td>15</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Food separated and protected</td></tr> <tr><td>16</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Food-contact surfaces: cleaned and sanitized</td></tr> <tr><td>17</td><td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   Proper disposition of returned, previously served, reconditioned, and unsafe food</td></tr> <tr><th colspan="2" style="text-align: center; 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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 type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		56 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean	
40	<input 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	Physical Facilities	
41	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
Food Identification		60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned	
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	61 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		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	
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	Administrative	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC
Proper Use of Utensils				
50	<input 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 type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled		
52	<input 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 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
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding.  Shredded lettuce on ice at grill prep (right side) was too warm again. Please ensure shredded lettuce holds at <= 41 F or use time in lieu of temperature procedure. *This violation has been documented 6 times since December of 2022.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54	3717-1-04.4(A)(2)	NC	Equipment components kept intact, tight, and adjusted  Seals/gaskets on ice machine door and bottom door of salad bar upright cooler are in poor condition. Please replace. *This violation has been documented 3 times since December of 2024.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing.  Floor in front of fryer is damaged. Please repair. *This violation has been documented 4 times since December of 2023.  Water-stained ceiling tiles near salad bar. Please repair leaks and replace/paint damaged tiles to allow for monitoring of sites for future leaks. *This violation has been documented 3 times since December of 2024.  Wall next to mop sink is damaged (soft and warped). Please correct source of moisture and repair wall. *This violation has been documented 3 times since December of 2024.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Person in Charge</b>		<b>Date</b> 03/04/2025
<b>Environmental Health Specialist</b> RUSTY SCHWEPE, REHS RS/SIT# 2993	<b>Licensors:</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> FRISCH'S				<b>Type of Inspection</b> flwup		<b>Date</b> 03/04/2025	
<b>Observations and Corrective Actions (continued)</b> 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		
			Floor in walkin cooler is damaged (soft and warped). Please ensure source of water intrusion is corrected and repair floor. *This violation has been documented 3 times since December of 2024.				
63	3717-1-06.1(l)	NC	Light bulbs - protective shielding.  One light cover over 3 compartment sink is broken; another is missing. Please replace. *This violation has been documented 3 times since December of 2024.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
63	3717-1-06.2(l)	NC	Physical facilities: numbers and capacities.  Numerous light bulbs are out throughout facility, including women's restroom, dishwash area, cook line, grill hood, etc. Please replace bulbs to give proper lighting. *This violation has been documented 7 times since December of 2022.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

<b>Person in Charge</b>		<b>Date</b> 03/04/2025	
<b>Environmental Health Specialist</b> RUSTY SCHWEPE, REHS      RS/SIT# 2993		<b>Licensors:</b> Sidney-Shelby County Health Department	