

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

| | | | | |
|--|--|--|---|---|
| Name of facility SIDNEY GROCERY STORE LLC DBA SIDNEY FOODTOWN | | Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number 2023340 | Date 02/19/2025 |
| Address 1010 WAPAKONETA AVENUE | | City/State/Zip Code SIDNEY OH 45365 | | |
| License holder JECKYKUMAR PATEL | | Inspection Time 240 | 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) 11-3-20-25 | Water sample date/result (if required) 11 |

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 Person in charge present, demonstrates knowledge, and performs duties | 23 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager | 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O 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 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 Consumer advisory provided for raw or undercooked foods |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion | Highly Susceptible Populations | |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events | 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered |
| Good Hygienic Practices | | Chemical | |
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use | 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth | 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used |
| Preventing Contamination by Hands | | Conformance with Approved Procedures | |
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed | 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 9 | <input checked="" 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 | 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible | 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers |
| Approved Source | | 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing |
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source | 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O 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 Food received at proper temperature | 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated | 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Critical Control Point Inspection |
| 14 | <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 | 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review |
| Protection from Contamination | | 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance |
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures | | |
| 21 | <input type="checkbox"/> IN <input checked="" 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 | | |

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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 type="checkbox"/> IN <input checked="" 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 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 | | Physical Facilities | |
| 41 | <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 |
| 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Approved thawing methods used | | Plumbing installed; proper backflow devices | |
| 43 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | 59 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Thermometers provided and accurate | | Sewage and waste water properly disposed | |
| Food Identification | | 60 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Toilet facilities: properly constructed, supplied, cleaned | |
| Food properly labeled; original container | | 61 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Prevention of Food Contamination | | Garbage/refuse properly disposed; facilities maintained | |
| 45 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | 62 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Insects, rodents, and animals not present/outer openings protected | | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas | |
| 46 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 63 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Contamination prevented during food preparation, storage & display | | Adequate ventilation and lighting; designated areas used | |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 64 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Personal cleanliness | | Existing Equipment and Facilities | |
| 48 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Administrative | |
| Wiping cloths: properly used and stored | | 65 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 901:3-4 OAC | |
| Washing fruits and vegetables | | 66 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Proper Use of Utensils | | 3701-21 OAC | |
| 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 checked="" 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 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 | | All coolers = <= 41 F (food) Good! | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | 3717-1-04.4(N)(3) | C | Manual and mechanical warewashing equipment, using chemical sanitization (quaternary ammonium) - temp., pH, concentration, and hardness. No observable level of quaternary sanitizer being dispensed at the 3 compartment sink,. This dispenser is not only used for the sink, but for spray bottles and buckets used to sanitize clean-in-place equipment at the deli. Please adjust/repair dispenser so that a concentration of 200-400 ppm of quaternary sanitizer is obtained. *PIC will correct immediately. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | 3717-1-03.4(F)(1)(a) | C | Time/temperature controlled for safety food - hot holding. Potato wedges in warming cabinet at deli were only 110 F. Heating elements in the top of this unit are not on/working. Please replace heating bulbs (ensure they are shatter-proof) or repair unit as needed to maintain proper temperatures inside unit. *PIC will replace bulbs. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | 3717-1-03.4(F)(1)(b) | C | Time/temperature controlled for safety food - cold holding. Raw pork tenderloins intended for frying are standing in water which is 50 F on top of the breading table. TCS foods must hold <= 41 F . Please use an ice bath or other approved means to hold pork at proper temperature. *PIC will ensure this is done. | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | 3717-1-04.2(G) | NC | Food temperature measuring devices. | <input type="checkbox"/> | <input type="checkbox"/> |

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| Person in Charge | | Date 02/19/2025 |
| 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 5302B The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio
Continuation Report
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| Name of Facility SIDNEY GROCERY STORE LLC DBA SIDNEY FOODTOWN | | | | Type of Inspection sta | | Date 02/19/2025 | |
|---|-------------------|----------------|--|---------------------------|-------------------------------------|--------------------|--|
| 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 | | |
| | | | No thin probe thermometers available to monitor the cooking temperatures of thin animal foods. Please obtain one for the kitchen and one for the deli. | | | | |
| 45 | 3717-1-06.1(M) | NC | Outer openings - protected. Exterior door at loading dock does not appear to be in good condition and has a large gap under it. This can become an entry point for insects and vermin. Please repair/replace door. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 52 | 3717-1-04.8(F) | NC | Storage - prohibitions - single-use/single-service articles. Some unpackaged single service items and utensils are being stored inside old oven in kitchen. Please store these items in a different location where they are protected from contamination. In addition, plastic lids stored in drawer next to chemical cleaners. Please store these items separate from each other. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 54 | 3717-1-04.4(A)(2) | NC | Equipment components kept intact, tight, and adjusted Door on dairy walkin cooler does not close/latch properly. Please repair. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 54 | 3717-1-04.3(B) | NC | Fixed equipment installation - spacing or sealing. Caulking on the back of the hand sink and 3 compartment sink in the meat prep room is failing and filthy. Please replace caulk. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 55 | 3717-1-04.2(I) | NC | Sanitizing solutions - testing devices. Quaternary test strips have been water damaged. Please obtain new quaternary sanitizer test strips. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 58 | 3717-1-05.1(S) | NC | Plumbing system - maintained in good repair. Low hot water flow in left sink of women's restroom. Please correct. 3 compartment sink drain is leaking into a bucket. Please repair. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 62 | 3717-1-06.4(A) | NC | Repairing. Left sink in men's restroom is loose on the wall. Repair needed to keep it from falling. Water-stained ceiling tiles over checkout #4 and in grocery aisle #6. Please ensure water leaks are corrected and replace tiles to allow for future monitoring of sites. Ceiling tile missing above produce prep area. Per PIC, this has recently fallen. Please replace. Floor in meat prep room, store front entry, and near checkout #4 is in poor condition. In addition, walls near 3 compartment sink are damaged and no longer sealed to the floor. Repair needed to ensure floors and walls are smooth and easily cleanable. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 62 | 3717-1-06.4(B) | NC | Cleaning - frequency and restrictions. Grease build-up on the floor in front of the hot hold case in the deli and greasy scraper stored between wall and shelf next to fryer. Please clean areas and do not store dirty scraper in this gap as it is not accessible for cleaning. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 63 | 3717-1-06.2(I) | NC | Physical facilities: numbers and capacities. Bank(s) of lights out in meat prep room, kitchen, above fresh meat display, and above single service storage containers near manager's office. Please repair/replace to give adequate lighting in these areas. | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | |
|--|--|---|
| Person in Charge | | Date 02/19/2025 |
| 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)

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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 | |
| 63 | 3717-1-06.1(l) | NC | Light bulbs - protective shielding. No shields on flourescent bulbs over office area single service items. Please add shields or replace with LED lighting. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

| | | |
|---|--|---|
| Person in Charge | | Date 02/19/2025 |
| Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993 | | Licensors: Sidney-Shelby County Health Department |