

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility JOE'S PLACE II	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2025204	Date 04/03/2025
Address 14499 ST. RT. 119	City/State/Zip Code ANNA OH 45302		
License holder HAROLD J. SCHMIDT	Inspection Time 120	Travel Time 15	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	
<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 type="checkbox"/> IN <input checked="" 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	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
<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 checked="" type="checkbox"/> OUT <input 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	<b>Highly Susceptible Populations</b>	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Pasteurized foods used; prohibited foods not offered
<b>Good Hygienic Practices</b>		<b>Chemical</b>	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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	28	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A   Toxic substances properly identified, stored, used
<b>Preventing Contamination by Hands</b>		<b>Conformance with Approved Procedures</b>	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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	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	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
<b>Approved Source</b>		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	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	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	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Process Review
<b>Protection from Contamination</b>		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	<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		
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
<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		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> JOE'S PLACE II	<b>Type of Inspection</b> sta ccp	<b>Date</b> 04/03/2025
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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: **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 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	
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	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	901:3-4 OAC	
Washing fruits and vegetables		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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: **COS** = corrected on-site during inspection **R** = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		Automatic Dishwasher currently not being used. PIC using 3 comp sink until Dishwasher is fixed.	<input type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(G)	C	Lettuce not date marked. Ready-to-eat, time/temperature controlled for safety food - date marking. Ready to eat TCS foods under refrigeration must be date marked to ensure that they are used or discarded within 7 days. PIC date marked food.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(H)	C	Ham out of date. Ready-to-eat, time/temperature controlled for safety food - disposition. Ready to eat TCS food under refrigeration must be discarded within 7 days of prep. or opening package. PIC discarded ham.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	3717-1-03.5(E)	C	Made to order eggs do not have a disclaimer. Consumer advisory - Consumption of Animal Foods  3717-1-03.5.E: Consumption of animal foods that are raw, undercooked, or not otherwise processed to eliminate pathogens - consumer advisory. 3717-1-03.5.E.1: Except as specified in paragraphs (A)(2) and (A)(3)(c) of rule 3717-1-03.3 of the Administrative Code, and under paragraph (C) of rule 3717-1-03.7 of the Administrative Code, if an animal food such as beef, eggs, fish, lamb, milk, pork, poultry, or shellfish is served or sold raw, undercooked, or without otherwise being processed to eliminate pathogens, either in ready-to-eat form or as an ingredient in another ready-to-eat food, the license holder is obligated to inform consumers of the significantly increased risk of consuming such foods by way of a disclosure and reminder, as specified in paragraphs (E)(2) and (E)(3) of this rule, using brochures, deli case or menu advisories, label statements, table tents, placards, or other effective written means. 3717-1-03.5.E.2: Disclosure is to include: 3717-1-03.5.E.2.a: A description of the animal-derived foods, such as "oysters on the half shell (raw oysters)," "raw-egg Caesar salad," and "hamburgers (can be cooked to order)"; or 3717-1-03.5.E.2.b: Identification of the animal-derived foods by asterisking them to a footnote that states that the items are served raw or undercooked, or contain (or may contain) raw or undercooked	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> BECCA	<b>Date</b> 04/03/2025
<b>Environmental Health Specialist</b> JAY STAMMEN, REHS      RS/SIT# #2806	<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

Name of Facility JOE'S PLACE II		Type of Inspection sta ccp	Date 04/03/2025		
<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
			ingredients. 3717-1-03.5.E.3: Reminder is to include asterisking the animal-derived foods subject to disclosure with a footnote that states: 3717-1-03.5.E.3.a: "Regarding the safety of these items, written information is available upon request"; 3717-1-03.5.E.3.b: "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness"* ; or 3717-1-03.5.E.3.c: "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions." PIC will include disclaimer on menu with an asterisk identifying eggs made to order.		
28	3717-1-07(B)	C	Working containers of soap and sanitizer not labeled. Working containers - common name. PIC labeled working containers of sanitizer and soap.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0011		Ham out of date. TCS Food: Ready-to-eat, TCS food that had been date marked was not properly discarded when required. PIC discarded ham	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0012		Lettuce not date marked. TCS Food: Refrigerated, ready-to-eat, TCS foods held refrigerated for more than 24 hours were not properly date marked. PIC date marked food.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VIII.000		Made to order eggs do not have a consumer advisory in the menu. Consumer Advisory: The consumer is not properly advised of the risk of consuming raw or undercooked animal foods. PIC will place a consumer advisory in the menu with an asterisk identifying eggs that are made to order.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-IV.0002		Positive- Demonstration of Knowledge: The person in charge was able to demonstrate proper knowledge of food cooking temperatures.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-X.2		Cleaner/sanitier bottles not properly labeled. Chemical: Observed toxic materials improperly identified, stored and used. PIC will label working containers of cleaners and sanitizers.	<input type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.2(G)	NC	No thin probed thermometer present for thin sliced meats. Food temperature measuring devices. A thin probed thermometer is required for thin slice meats like tenderloin. PIC will obtain a thin probed thermometer.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(D)	NC	Handwashing sink not tight up against wall. CIP equipment - cleanability. Attach hand sink to wall to make smooth and easily cleanable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
63	3717-1-06.4(D)	NC	Hood is dirty. Cleaning ventilation systems - nuisance and discharge Clean hood in order to prevent cross contamination.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.2(I)	NC	No lighting in Alamo Freezer. Lighting - Intensity 3717-1-06.2.I: Lighting intensity. The light intensity is to be: 3717-1-06.2.I.2: At least twenty foot candles (two hundred fifteen lux): 3717-1-06.2.I.2.b: Inside equipment such as reach-in and under-counter refrigerators.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> BECCA	<b>Date</b> 04/03/2025
<b>Environmental Health Specialist</b> JAY STAMMEN, REHS      RS/SIT# #2806	<b>Licensor:</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)