

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility ANNA TRUCK STOP	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 2025288	Date 07/14/2025
Address 14262 ST RT 119	City/State/Zip Code ANNA OH 45302		
License holder ANNA TRUCK STOP	Inspection Time 120	Travel Time 15	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 checked="" 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	
Supervision	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager
Employee Health	
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
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events
Good Hygienic Practices	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth
Preventing Contamination by Hands	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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 Adequate handwashing facilities supplied & accessible
Approved Source	
11	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food obtained from approved source
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food received at proper temperature
13	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food in good condition, safe, and unadulterated
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Required records available: shellstock tags, parasite destruction
Protection from Contamination	
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food separated and protected
16	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cooking time and temperatures
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Proper reheating procedures for hot holding
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cooling time and temperatures
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Proper hot holding temperatures
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures

Compliance Status	
Time/Temperature Controlled for Safety Food (TCS food)	
23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Proper date marking and disposition
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Time as a public health control: procedures & records
Consumer Advisory	
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations	
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Chemical	
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
Conformance with Approved Procedures	
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
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Special Requirements: Fresh Juice Production
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Special Requirements: Heat Treatment Dispensing Freezers
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Special Requirements: Custom Processing
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Special Requirements: Bulk Water Machine Criteria
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Special Requirements: Acidified White Rice Preparation Criteria
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Critical Control Point Inspection
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
<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>	

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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	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control			56	<input checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> IN <input checked="" 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
Food Identification			60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food properly labeled; original container	61	<input type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	Administrative		
48	<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	901:3-4 OAC
49	<input checked="" 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 checked="" type="checkbox"/> N/A	3701-21 OAC
Proper Use of Utensils					
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
11	3717-1-03.1(A)	C	Store made yogurt inside deli cooler. Sources - compliance with food law. 3717-1-03.1.A: Sources - compliance with food law. 3717-1-03.1.A.1: Food is to be obtained from sources that comply with law. Store made yogurt is not an approved source of food. Yogurt is listed for sale on menu. PIC stated that yogurt is for personal use and that the menu is old. PIC stated he will remove yogurt from the menu.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.6(B)	C	Utensils not being sanitized due to missing drain stoppers in 3 comp sink. Sanitizing frequency Utensils/Food Contact Surfaces - Before Use After Cleaning Obtain drain stoppers ASAP in order to wash-rinse-sanitize all utensils	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Utensils stored on dirty cardboard. Equipment Food Contact Surfaces and Utensils: Clean to Sight and Touch. PIC removed cardboard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(B)(3)	C	PIC stated that pizza cutters are only cleaned 1 per day. Equipment food contact surfaces and utensils - cleaning frequency - throughout the day Utensils must be washed-rinsed- and sanitized every 4 hours throughout the day. PIC will clean every 4 hours.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(G)	C	Cut Lettuce and cut tomatoes not date marked. Ready-to-eat, time/temperature controlled for safety food - date marking. Ready to eat TCS food under refrigeration must be date marked. PIC date marked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.5(D)	NC	No written notification of major food allergens present. 3717-1-03.5.D.6: The license holder will notify consumers by written notification of the presence of major food allergens as an ingredient in unpackaged food items that are served or sold to the consumer. PIC given informational document and will post Allergen notification.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge DAVE	Date 07/14/2025
Environmental Health Specialist JAY STAMMEN, REHS RS/SIT# #2806	Licenser: 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 ANNA TRUCK STOP			Type of Inspection sta com		Date 07/14/2025	
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	
44	3717-1-03.5(C)	NC	Self service house packaged golden milk and mangos not labeled with ingredients. Food labeling 3717-1-03.5.C: Food labels. 3717-1-03.5.C.1: Foods packaged in a food service operation or retail food establishment, are to be labeled as specified in 21 C.F.R. 101 and 9 C.F.R. 317. 3717-1-03.5.C.2: Label information is to include: 3717-1-03.5.C.2.a: The common name of the food, or absent a common name, an adequately descriptive identity statement; 3717-1-03.5.C.2.b: If made from two or more ingredients, a list of ingredients and sub-ingredients in descending order of predominance by weight, including a declaration of artificial colors, artificial flavors and chemical preservatives, if contained in the food; 3717-1-03.5.C.2.c: An accurate declaration of the net quantity of contents; 3717-1-03.5.C.2.d: The name and place of business of the manufacturer, packer, or distributor; and 3717-1-03.5.C.2.e: The name of the food source for each major food allergen contained in the food unless the food source is already part of the common or usual name of the respective ingredient. 3717-1-03.5.C.2.f: Except as exempted in the Federal Food, Drug, and Cosmetic Act Section 403(q)(3)-(5) (as amended on March 23, 2010), nutrition labeling as specified in 21 C.F.R. 101 and 9 C.F.R. 317 Subpart B. 3717-1-03.5.C.2.g: For any salmonid fish containing canthaxanthin or astaxanthin as a color additive, the labeling of the bulk fish container, including a list of ingredients, displayed on the retail container or by other written means, such as a counter card, that discloses the use of canthaxanthin or astaxanthin. 3717-1-03.5.C.3: Bulk food that is available for consumer self-dispensing is to be prominently labeled with the following information in plain view of the consumer: 3717-1-03.5.C.3.a: The manufacturer's or processor's label that was provided with the food; or 3717-1-03.5.C.3.b: A card, sign, or other method of notification that includes the information specified under paragraphs (C)(2)(a), (C)(2), (C)(2)(e), and (C)(2)(f) of this rule. 3717-1-03.5.C.4: Bulk, unpackaged foods that are portioned to consumer specification need not be labeled if: 3717-1-03.5.C.4.a: A health, nutrient content, or other claim is not made; and 3717-1-03.5.C.4.b: The food is manufactured or prepared on the premises of the food service operation or retail food establishment, at another food service operation or retail food establishment, or a food processing plant that is owned by the same person and is regulated by the food regulatory agency that has jurisdiction. Label self service packaged foods ASAP.	<input type="checkbox"/>	<input type="checkbox"/>	
44	3717-1-03.5(C)(2)(e)	C	Golden Milk packaged for self service but not labeled. Food labeling - Allergens 3717-1-03.5.C.2.e: The name of the food source for each major food allergen contained in the food unless the food source is already part of the common or usual name of the respective ingredient. PIC removed product from self service and will label ingredients with Allergens on package.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
54	3717-1-04.4(A)(2)	NC	Frigidaire freezer in back has a damaged lid seal. Equipment - Good Repair and Proper Adjustment - Intact, Tight, Adjusted per Manufacturer 3717-1-04.4.A.2: Equipment components such as doors, seals, hinges, fasteners, and kick plates are to be kept intact, tight, and adjusted in accordance with manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	
55	3717-1-04.2(B)	NC	No drain stoppers present at 3 comp sink. Manual warewashing - sink compartment requirements. This is not allowing the facility to properly sanitize utensils. Obtain stoppers ASAP.	<input type="checkbox"/>	<input type="checkbox"/>	
55	3717-1-04.2(J)	NC	No sanitizer test strips present for Quaternary Sanitizer. Sanitizing solutions - testing devices. 3717-1-04.2.J: Sanitizing solutions - testing devices. A test kit or other device that accurately measures the concentration in ppm (mg/L) of sanitizing solutions is to be provided.	<input type="checkbox"/>	<input type="checkbox"/>	
58	3717-1-05.1(S)	NC	Men's restroom urinals are out of order. Plumbing system - maintained in good repair. 3717-1-05.1.S: Plumbing system - maintained in good repair. A plumbing system is to be: 3717-1-05.1.S.2: Maintained in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	
61	3717-1-05.4(N)	NC	Dumpster lids are open outside. Covering receptacles. Keep lids closed between uses.	<input type="checkbox"/>	<input type="checkbox"/>	
62	3717-1-06.4(N)	NC	Loose solid waste scattered all around the perimeter of the property Maintaining premises - unnecessary items and litter. 3717-1-06.4.N: Maintaining premises - unnecessary items and litter. The premises are to be free of: 3717-1-06.4.N.1: Items that are unnecessary to the operation or maintenance of the food service	<input type="checkbox"/>	<input type="checkbox"/>	
Person in Charge DAVE				Date 07/14/2025		
Environmental Health Specialist JAY STAMMEN, REHS RS/SIT# #2806				Licensor: Sidney-Shelby County Health Department		

State of Ohio Continuation Report

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Name of Facility ANNA TRUCK STOP			Type of Inspection sta com		Date 07/14/2025	
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	
			operation or retail food establishment such as equipment that is nonfunctional or no longer used; and 3717-1-06.4.N.2: Litter.			

Person in Charge DAVE			Date 07/14/2025	
Environmental Health Specialist JAY STAMMEN, REHS RS/SIT# #2806			Licensors: Sidney-Shelby County Health Department	

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As per HEA 5351 The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)