

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

|  |   |                                    |  |
|--|---|------------------------------------|--|
| Name of facility<br>CHILLY JILLYS  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br>2025281          | Date<br>09/18/2025   |
| Address<br>401 S OHIO AVENUE   | City/State/Zip Code<br>SIDNEY OH 45365  |                                    |  |
| License holder<br>J JILL PRESSER   | Inspection Time<br>75   | Travel Time<br>5                   | Category/Descriptive<br>COMMERCIAL CLASS 4 <25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><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<br><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)<br>// | Water sample date/result (if required)<br>//               |

| 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   |   |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center;">Supervision</th></tr> <tr> <td style="width: 5%;">1</td> <td><input checked="" 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 checked="" 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;">Employee Health</th></tr> <tr> <td>3</td> <td><input checked="" 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 checked="" 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 checked="" 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;">Good Hygienic Practices</th></tr> <tr> <td>6</td> <td><input checked="" 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 checked="" 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;">Preventing Contamination by Hands</th></tr> <tr> <td>8</td> <td><input checked="" 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 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</td> </tr> <tr> <td>10</td> <td><input checked="" 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;">Approved Source</th></tr> <tr> <td>11</td> <td><input checked="" 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 checked="" type="checkbox"/> N/O   Food received at proper temperature</td> </tr> <tr> <td>13</td> <td><input checked="" 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 checked="" 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;">Protection from Contamination</th></tr> <tr> <td>15</td> <td><input type="checkbox"/> IN   <input checked="" 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 checked="" 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 checked="" 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;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr> <td>18</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" type="checkbox"/> N/O   Proper cooking time and temperatures</td> </tr> <tr> <td>19</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" type="checkbox"/> N/O   Proper reheating procedures for hot holding</td> </tr> <tr> <td>20</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" type="checkbox"/> N/O   Proper cooling time and temperatures</td> </tr> <tr> <td>21</td> <td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Proper hot holding temperatures</td> </tr> <tr> <td>22</td> <td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Proper cold holding temperatures</td> </tr> </table> | 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 <input type="checkbox"/> N/O   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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Food obtained from approved source | 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 | 13 | <input checked="" type="checkbox"/> IN <input 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 <input type="checkbox"/> N/O   Required records available: shellstock tags, parasite destruction | Protection from Contamination |  | 15 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Food separated and protected | 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O   Proper reheating procedures for hot holding | 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O   Proper cooling time and temperatures | 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Proper cold holding temperatures | <table border="1" style="width: 100%; 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prohibited foods not offered</td> </tr> <tr><th colspan="2" style="text-align: center;">Chemical</th></tr> <tr> <td>27</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   Food additives: approved and properly used</td> </tr> <tr> <td>28</td> <td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Toxic substances properly identified, stored, used</td> </tr> <tr><th colspan="2" style="text-align: center;">Conformance with Approved Procedures</th></tr> <tr> <td>29</td> <td><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</td> </tr> <tr> <td>30</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   <input type="checkbox"/> N/O   Special Requirements: Fresh Juice Production</td> </tr> <tr> <td>31</td> <td><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</td> </tr> <tr> <td>32</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   <input type="checkbox"/> N/O   Special Requirements: Custom Processing</td> </tr> <tr> <td>33</td> <td><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</td> </tr> <tr> <td>34</td> <td><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</td> </tr> <tr> <td>35</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Critical Control Point Inspection</td> </tr> <tr> <td>36</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   Process Review</td> </tr> <tr> <td>37</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   Variance</td> </tr> <tr> <td colspan="2"> <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> </td> </tr> </table> | 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 <input type="checkbox"/> N/O   Proper date marking and disposition | 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 | 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 <input type="checkbox"/> N/O   Special Requirements: Fresh Juice Production | 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 | 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Custom Processing | 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 | 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 | 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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><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> |  |
| 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 <input type="checkbox"/> N/O   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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Food obtained from approved source  |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 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   |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 13   | <input checked="" type="checkbox"/> IN <input 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 <input type="checkbox"/> N/O   Required records available: shellstock tags, parasite destruction                           |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| Protection from Contamination  |   |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 15   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Food separated and protected  |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O   Proper reheating procedures for hot holding   |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 20   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O   Proper cooling time and temperatures  |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 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 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 <input type="checkbox"/> N/O   Proper date marking and disposition   |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 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                                       |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 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 <input type="checkbox"/> N/O   Special Requirements: Fresh Juice Production  |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 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                                    |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Custom Processing   |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 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   |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 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                             |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |
| 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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><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>   |   |  |             |  |   |  |   |  |                 |  |   |  |   |  |   |   |                         |  |   |   |   |  |                                   |  |   |  |   |   |    |  |                 |  |    |  |    |   |    |   |    |   |                               |  |    |  |    |  |    |   |  |  |    |  |    |   |    |  |    |   |    |   |   |                   |  |  |  |    |   |    |   |                   |  |    |  |                                |  |    |   |          |  |    |   |    |   |                                      |  |    |  |    |  |    |  |    |   |    |   |    |   |    |   |    |   |    |   |  |  |

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

|  |                                      |                           |
|--|--------------------------------------|---------------------------|
| <b>Name of Facility</b><br>CHILLY JILLYS | <b>Type of Inspection</b><br>sta ccp | <b>Date</b><br>09/18/2025 |
|--|--------------------------------------|---------------------------|

**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  |   | 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input checked="" 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 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Proper Use of Utensils  |   | 3701-21 OAC   |   |
| 50  | <input type="checkbox"/> IN <input checked="" 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      |                | All coolers <= 41 F (food) Good!<br>Coney sauce = 160 F (holding) Good!<br>Chicken and pork = 165+ F (holding) Good!  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|          | Comment/ Obs      |                | Please note that plastic ice cream collars may be rinsed off at hand wash sink, but may not be stored in hand wash sink. Collars must be cleaned and sanitized at least every 4 hours while in use.   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 15       | 3717-1-03.2(C)    | C              | Packaged and unpackaged food - separation, packaging, and segregation.<br><br>Found raw hamburger stored over water bottles in the walkin cooler. Raw animal foods should not be stored over ready to eat foods due to the risk of cross-contamination. *Hamburger moved to an appropriate location by staff.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 16       | 3717-1-04.5(A)(1) | C              | Equipment Food Contact Surfaces and Utensils: Clean to Sight and Touch<br><br>Can opener blade and gears have old, dried food residue on them. Please disassemble and clean daily. * PIC will ensure this is done.<br><br>A mold -type substance has built up on the drip ledge inside ice machine. Please clean and sanitize.  | <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.<br><br>No date on containers of prepped waffle cone batter and pulled pork in the walkin cooler. Please ensure all containers of ready to eat, TCS foods are dated once prepped/opened. If not used within 7 days they must be discarded. *Items recently made per staff; will verify dates with manager and label accordingly. | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 43       | 3717-1-04.1(Z)    | NC             | Temperature measuring devices - functionality<br><br>Staff could not locate functional food thermometer. One in the drawer appeared to have a dead battery. Please obtain functional thermometer.   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 44       | 3717-1-03.2(D)    | NC             | Food Storage Containers - Identified with Common Name of Food   | <input type="checkbox"/>            | <input type="checkbox"/>            |

|   |  |   |
|---|--|---|
| <b>Person in Charge</b>   |  | <b>Date</b><br>09/18/2025                                   |
| <b>Environmental Health Specialist</b><br>RUSTY SCHWEPE, REHS      RS/SIT# 2993 |  | <b>Licensors:</b><br>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<br>CHILLY JILLYS   |                   |                |   | Type of Inspection<br>sta ccp |                                     | Date<br>09/18/2025 |  |
|---|-------------------|----------------|---|-------------------------------|-------------------------------------|--------------------|--|
| <b>Observations and Corrective Actions (continued)</b><br>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 label on container of vanilla Coffee Mate and no label on pump of flavoring near hand sink. Please label all working containers of hard to identify foods for ease of identification.  |                               |                                     |                    |  |
| 50  | 3717-1-03.2(K)    | NC             | In-use utensils - between-use storage.<br><br>Single-use plastic spoons stored inside diced onion, diced tomatoe, and jalapeno containers in walkin cooler with their handles laying in the food. Please store utensils with the handles sticking out of food OR in a a clean, protected location outside of the containers. Also, single use utensils may only be used once and discarded. | <input type="checkbox"/>      | <input type="checkbox"/>            |                    |  |
| 54  | 3717-1-04.1(H)    | NC             | Nonfood-contact surfaces - cleanability<br><br>Old ice cream freezer in shed has a lid covered in duct tape. Please repair/replace lid to ensure cleanability of equipment.   | <input type="checkbox"/>      | <input checked="" type="checkbox"/> |                    |  |
| 54  | 3717-1-04.4(A)(2) | NC             | Equipment - Good Repair and Proper Adjustment - Intact, Tight, Adjusted per Manufacturer<br><br>A significant amount of condensate laying on the bottom of the Dole Whip machine which is leaking out onto the floor. Please have repaired.   | <input type="checkbox"/>      | <input type="checkbox"/>            |                    |  |
| 62  | 3717-1-06.4(B)    | NC             | Cleaning - frequency and restrictions.<br><br>Floors under equipment (e.g. soft serve machines) are covered with food debris. Please ensure these areas are cleaned daily.  | <input type="checkbox"/>      | <input checked="" type="checkbox"/> |                    |  |

|  |  |   |  |
|--|--|---|--|
| Person in Charge   |  | Date<br>09/18/2025                                  |  |
| Environmental Health Specialist<br>RUSTY SCHWEPE, REHS      RS/SIT# 2993 |  | Licensor:<br>Sidney-Shelby County Health Department |  |

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL  
 As per MEA 5351 The Baldwin Group, Inc. (11/19)  
 As per AGR 1268 The Baldwin Group, Inc. (11/19)