

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

Name of facility HOT HEAD BURRITOS	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2025265	Date 09/23/2025
Address 2028 MICHIGAN STREET	City/State/Zip Code SIDNEY OH 45365		
License holder J & P SOMMER BURRITOS	Inspection Time 1200	Travel Time 10	Category/Descriptive COMMERCIAL CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) / /	Water sample date/result (if required) / /

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																									
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<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 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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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized</td> </tr> <tr> <td>17</td> <td><input 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 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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	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	
Food Temperature Control		Physical Facilities	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	56 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	
Food Identification		Administrative	
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food properly labeled; original container	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
Prevention of Food Contamination			
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	58 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Plumbing installed; proper backflow devices
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	59 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
48	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
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	63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Existing Equipment and Facilities
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	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
			66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC

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! Hot holding = 135 F + except as noted below	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Note: Foul smell coming from area of grease trap. Recommend evaluation and possible cleaning.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Recommend keeping lids on hot and cold food during slow periods to help maintain temperature (especially chicken after cutting/prep).	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Ensure that foods are reheated to 165 F within 2 hours. It does not appear, according to records) that this is being accomplished by placing cold foods directly in the steam wells. Items should be reheated on the stove or grill first.	<input type="checkbox"/>	<input type="checkbox"/>
6	3717-1-02.3(A)	NC	Food contamination prevention - eating, drinking, or using tobacco. Unlidded employee drink cup on food prep table. In food prep areas, employees may only drink from lidded containers with straws to prevent spills and bare hand contact with saliva on container.	<input type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - separation, packaging, and segregation. Upon arrival, found bag of Hot Head Sauce in a plastic tub being used to thaw a bag of raw chicken. Raw animal foods must be maintained physically separated from ready to eat food to prevent bacteria cross-contamination. *Bag of Hot Head Sauce moved to an approved location by PIC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07(B)	C	Working containers - common name. Upon arrival, found 2 spray bottles of a blue chemical without a label. All working containers of chemicals must be labeled with common name for ease of identification and to prevent misuse. *PIC stated chemical was sanitizer and labeled it as such.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07.1(B)	NC	Restriction - Presence and Use Upon arrival, found spray can of flying insect killer on shelf above food prep table. Insecticides may only be applied by a licensed pest control operator. Please remove from premises. *Can removed from shelf and stored in a safe location until it can be removed from premises.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-II.0002		Good Hygienic Practices: Observed employee eating, drinking, or using tobacco in non-designated area.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date
Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993	09/23/2025
Licensors: Sidney-Shelby County Health Department	

PRIORITY LEVEL: C= CRITICAL NC = NON-

CRITICAL
As per 145A 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 HOT HEAD BURRITOS				Type of Inspection sta ccp		Date 09/23/2025	
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		
35	CCP-III.0011		Preventing Contamination by Hands: Hand washing facilities are properly supplied. *Good!	<input type="checkbox"/>	<input type="checkbox"/>		
35	CCP-VI.0018		TCS Food: Observed hot foods being held at 135 F or above; cold foods being held at 41 F or below. * Good!	<input type="checkbox"/>	<input type="checkbox"/>		
35	CCP-VII.0001		Protection from Contamination: Observed food that was not properly protected from contamination by separation, packaging, and segregation.	<input type="checkbox"/>	<input type="checkbox"/>		
35	CCP-X.2		Chemical: Observed toxic materials improperly identified, stored and used.	<input type="checkbox"/>	<input type="checkbox"/>		
44	3717-1-03.2(D)	NC	Food Storage Containers - Identified with Common Name of Food No label on working container of kosher salt. Please label for ease of identification.	<input type="checkbox"/>	<input type="checkbox"/>		
45	3717-1-06.4(K)	C	Controlling pests. Numerous flying insects in food service operation, especially near 3 compartment sink. Please take appropriate actions to eliminate insects. This may include, but is not limited to, additional cleaning, fixing water leaks, cleaning the grease trap, consulting with a licensed pest control operator.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation. Wet wiping rag stored on food prep table. When not in use, wet wiping rags must be stored in a labeled sanitizer solution to prevent bacteria growth.	<input type="checkbox"/>	<input type="checkbox"/>		
54	3717-1-04.3(B)	NC	Fixed equipment installation - spacing or sealing. Caulking missing between sink and splash guard of front hand sink. Please reseal.	<input type="checkbox"/>	<input type="checkbox"/>		
54	3717-1-04.4(A)(2)	NC	Equipment - Good Repair and Proper Adjustment - Intact, Tight, Adjusted per Manufacturer Door seal on prep cooler is coming apart. Please replace.	<input type="checkbox"/>	<input type="checkbox"/>		
54	3717-1-04(A)	C	Multiuse utensils and food contact surfaces - material characteristics Found plastic lids with significant chips/cracks. Please remove and replace to maintain cleanability and to prevent plastic from breaking off into food. *PIC will remove and replace.	<input type="checkbox"/>	<input type="checkbox"/>		
56	3717-1-04.5(A)(3)	NC	Food-Contact Surfaces of Cooking Equipment and Pans and Nonfood-Contact Surfaces of Equipment Interior of prep cooler is dirty and there is a condensate leak which is draining out onto the floor. Please repair leak and clean interior of unit. Multiple wire shelves have old food residue on them. Cleaning needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
58	3717-1-05.1(D)	C	Backflow Prevention - Air Gap: Water Supply Inlet Spray arm at 3 compartment sink is still hanging below the flood rim level. Please replace spring to remove backflow hazard. *This has been a documented violation since February of 2024. Administrative hearing will be scheduled.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. Leak in 3 compartment sink drain resulting in standing water on top of the grease trap lid. Please repair.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
59	3717-1-05.3(C)	C	Backflow prevention. Drain pipe for vegetable prep sink is not air-gapped at the floor drain. Please correct. *PIC will ensure this is corrected.	<input type="checkbox"/>	<input type="checkbox"/>		

Person in Charge		Date 09/23/2025
Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993		Licensor: Sidney-Shelby County Health Department

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