

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

Name of facility NORTHWOOD ELEMENTARY SCHOOL	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2025139	Date 08/25/2025
Address 1152 ST MARYS AVENUE	City/State/Zip Code SIDNEY OH 45365		
License holder SIDNEY CITY SCHOOLS	Inspection Time 60	Travel Time 5	Category/Descriptive COMMERCIAL CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) / /	Water sample date/result (if required) / /

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																									
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item:   IN = in compliance   OUT = not in compliance   N/O = not observed   N/A = not applicable																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Supervision</th></tr> <tr> <td style="width: 5%; text-align: center;">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 style="text-align: center;">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; background-color: #f2f2f2;">Employee Health</th></tr> <tr> <td style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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; background-color: #f2f2f2;">Good Hygienic Practices</th></tr> <tr> <td style="text-align: center;">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 style="text-align: center;">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; background-color: #f2f2f2;">Preventing Contamination by Hands</th></tr> <tr> <td style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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; background-color: #f2f2f2;">Approved Source</th></tr> <tr> <td style="text-align: center;">11</td> <td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   Food obtained from approved source</td> </tr> <tr> <td style="text-align: center;">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 style="text-align: center;">13</td> <td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   Food in good condition, safe, and unadulterated</td> </tr> <tr> <td style="text-align: center;">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; background-color: #f2f2f2;">Protection from Contamination</th></tr> <tr> <td style="text-align: center;">15</td> <td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Food separated and protected</td> </tr> <tr> <td style="text-align: center;">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 style="text-align: center;">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; background-color: #f2f2f2;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr> <td style="text-align: center;">18</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   <input type="checkbox"/> N/O   Proper cooking time and temperatures</td> </tr> <tr> <td style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">21</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" type="checkbox"/> N/O   Proper hot holding temperatures</td> </tr> <tr> <td style="text-align: center;">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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Food separated and protected	16	<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	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 checked="" type="checkbox"/> N/A <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr> <td style="width: 5%; text-align: center;">23</td> <td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Proper date marking and disposition</td> </tr> <tr> <td style="text-align: center;">24</td> <td><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 &amp; records</td> </tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Consumer Advisory</th></tr> <tr> <td style="text-align: center;">25</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   Consumer advisory provided for raw or undercooked foods</td> </tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Highly Susceptible Populations</th></tr> <tr> <td style="text-align: center;">26</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   Pasteurized foods used; prohibited foods not offered</td> </tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">Chemical</th></tr> <tr> <td style="text-align: center;">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 style="text-align: center;">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; background-color: #f2f2f2;">Conformance with Approved Procedures</th></tr> <tr> <td style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">35</td> <td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Critical Control Point Inspection</td> </tr> <tr> <td style="text-align: center;">36</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   Process Review</td> </tr> <tr> <td style="text-align: center;">37</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/A   Variance</td> </tr> <tr> <td colspan="2" style="padding: 10px;"> <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 checked="" type="checkbox"/> IN <input 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Food separated and protected																																																																																																								
16	<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																																																																																																								
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 checked="" type="checkbox"/> N/A <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> IN <input 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 checked="" 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> NORTHWOOD ELEMENTARY SCHOOL	<b>Type of Inspection</b> sta ccp	<b>Date</b> 08/25/2025
--	--------------------------------------	---------------------------

**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

Compliance 2017 - Not in Compliance - N/A - Not observed - N/A - Not applicable

Safe Food and Water	
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	
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
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
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Thermometers provided and accurate
Food Identification	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food properly labeled; original container
Prevention of Food Contamination	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Insects, rodents, and animals not present/outer openings protected
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Contamination prevented during food preparation, storage & display
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Personal cleanliness
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
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Washing fruits and vegetables
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

Utensils, Equipment and Vending	
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean
Physical Facilities	
57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Existing Equipment and Facilities
Administrative	
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		Dishwasher = 171 F contact temp; Good!	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		All coolers = <41 F (food) Good!	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Please provide thermometer in cafeteria ice cream freezer.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Ensure that TCS foods left on share table are kept <= 41 F, otherwise they may not be re-served and must be discarded after breakfast / lunch period.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Recommend not placing string cheese on serving trays in cafeteria until closer to lunch time.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0011		Preventing Contamination by Hands: Hand washing facilities are properly supplied. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-IV.0004		Demonstration of Knowledge: The person in charge is Certified in Food Protection. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0017		TCS Food: Observed ready to eat TCS foods being properly date marked, and discarded when required. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0018		TCS Food: Observed cold foods being held at 41 F or below. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-X.5		Chemical: Toxic materials are properly identified and stored. *Good!	<input type="checkbox"/>	<input type="checkbox"/>
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation.	<input type="checkbox"/>	<input type="checkbox"/>
			Very little sanitizer in wet wiping rag buckets. Unable to get above 100 ppm out of dispenser. Please have unit adjusted so that 200-400 ppm of quat sanitizer is dispensed for sanitizer buckets or manually add sanitizer to buckets.		

<b>Person in Charge</b>	<b>Date</b> 08/25/2025
<b>Environmental Health Specialist</b> RUSTY SCHWEPE, REHS RS/SIT# 2993	<b>Licensors:</b> Sidney-Shelby County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

As per HEA 5302B The Baldwin Group, Inc. (11/19)

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