

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

Name of facility PIZZA HUT #40243	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2025269	Date 08/25/2025
Address 75 S VANDEMARK ROAD	City/State/Zip Code SIDNEY OH 45365		
License holder SFR X HOLDINGS, LLC	Inspection Time 75	Travel Time 10	Category/Descriptive COMMERCIAL CLASS 3 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input 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; 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%;">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; background-color: #f2f2f2;">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; 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accessible</td> </tr> <tr><th colspan="2" style="text-align: center; background-color: #f2f2f2;">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; background-color: #f2f2f2;">Protection from Contamination</th></tr> <tr> <td>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>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; 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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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control			Physical Facilities		
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
Food Identification			60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination			62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	Administrative		
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC
Proper Use of Utensils					
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored			
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled			
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used			
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use			

**Observations and Corrective Actions**

Mark "X" in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		All coolers = <41 F (food) Good! Dishwasher = OK	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Note: Water pressure in restrooms is a little low. Recommend evaluation and adjustment / repair as necessary.	<input type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.1(Z)	NC	Temperature measuring devices - functionality  No thermometer in hot hold cabinet by drive thru. Please provide. Also, thermometer in walkin freezer is not accurate. Please replace.	<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  Prep top door on large pizza prep is damaged and being held in place with duct tape. Please remove duct tape and repair / replace door so that it opens and closes properly.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing.  Tile coving still missing from dishwasher and mop sink areas. Some tiles that have been replaced are not large enough or properly grouted leaving a space between the coving tile and the floor tile. This violation has been documented since October 2023. Must be repaired properly by next regular inspection (~6 months) or administrative hearing will be required.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions.  Some areas of the kitchen, especially under the dishwasher, storage racks, and along the floor / wall juncture are	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<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)

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

<b>Name of Facility</b> PIZZA HUT #40243			<b>Type of Inspection</b> sta		<b>Date</b> 08/25/2025	
<b>Observations and Corrective Actions (continued)</b>						
Mark "X" in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation						
<b>Item No.</b>	<b>Code Section</b>	<b>Priority Level</b>	<b>Comment</b>	<b>COS</b>	<b>R</b>	
			dirty. Please clean frequently.			
62	3717-1-04.3(A)(2)	NC	Clothes Washers and Dryers - Contamination Prevention by Proper Location	<input type="checkbox"/>	<input type="checkbox"/>	

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

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

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

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