

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility FRISCH'S	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2024337	Date 11/18/2025
Address 2120 W. MICHIGAN AVENUE	City/State/Zip Code SIDNEY OH 45365		
License holder FRM OPERATION LLC	Inspection Time 150	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

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance   **OUT** = not in compliance   **N/O** = not observed   **N/A** = not applicable

Compliance Status		Compliance Status	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Time as a public health control: procedures & records
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Consumer advisory provided for raw or undercooked foods
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Pasteurized foods used; prohibited foods not offered
<b>Good Hygienic Practices</b>		<b>Chemical</b>	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Food additives: approved and properly used
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A   Toxic substances properly identified, stored, used
<b>Preventing Contamination by Hands</b>		<b>Conformance with Approved Procedures</b>	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	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
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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
<b>Approved Source</b>		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Custom Processing
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	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
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A   Critical Control Point Inspection
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Process Review
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Variance
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<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>	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> FRISCH'S	<b>Type of Inspection</b> sta ccp	<b>Date</b> 11/18/2025
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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	54	<input checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Water and ice from approved source		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	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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			
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	
Approved thawing methods used		<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Thermometers provided and accurate		60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Food Identification		61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	
Food properly labeled; original container		<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Prevention of Food Contamination			
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Insects, rodents, and animals not present/outer openings protected		65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Contamination prevented during food preparation, storage & display		901:3-4 OAC	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC	
Personal cleanliness			
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			
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 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 type="checkbox"/> IN <input checked="" 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		Dishwasher = 166 (contact temp) Good! Hot food = 135+ F (holding) Good! All coolers <= 41 F (food) except as noted below	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Please ensure only multi-use scoops w/ handles are stored in dessert topping containers.	<input type="checkbox"/>	<input type="checkbox"/>
20	3717-1-03.4(D)	C	Cooling - temperature and time control.  Mac and cheese and spaghetti noodles cooked in the morning were ~53 F in the 2 door cook line cooler. Breakfast bar items cooling in the walkin freezer were <70-90 F after ~2.5 hours of cooling. Hot TCS foods must cool from 135 to 70 F within 2 hours and from 70 to 41 F or less within another 4 hours. Use thin portions, ice bath, keep containers uncovered, etc. until temperature requirements met. *PIC discarded items in 2 dr cook line cooler and will adjust procedures for items in walkin freezer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding.  Food in 2 dr cook line cooler is a little warm (41-45 F). Door hinge is loose, sometimes preventing the door from closing properly and creating a gap. Please repair. *PIC will have repaired.	<input type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07(B)	C	Working containers - common name.  Upon arrival, found an unlabeled white spray bottle under the check-out counter and an unlabeled spray bottle under the waitress handsink. Please ensure all working containers of chemicals are labeled with their common name for ease of identification and to prevent misuse. *Bottles labeled by PIC during inspection.	<input checked="" 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.0014		TCS Food: TCS foods were not cooled using the proper time and temperature parameters.	<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 (except 2 door cook line cooler) *Good!	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0019		TCS Food: Observed time/temperature controlled for safety foods being properly held using time as a public health control; the operation had a written procedure on file, foods were properly marked to indicate the time that the food was removed from temperature control, and food was discarded when required.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 11/18/2025
<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> FRISCH'S			<b>Type of Inspection</b> sta ccp	<b>Date</b> 11/18/2025	
<b>Observations and Corrective Actions (continued)</b>					
Mark "X" in appropriate box for COS and R: <b>COS</b> = corrected on-site during inspection <b>R</b> = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			(Salad bar leafy greens and cook line shredded lettuce) *Good!		
35	CCP-X.2		Chemical: Observed toxic materials improperly identified, stored and used.	<input type="checkbox"/>	<input type="checkbox"/>
50	3717-1-03.2(K)	NC	In-use utensils - between-use storage.  Food thermometer in cook line stored without a protective cover in a writing utensil container. In-use utensils must be stored in a protected location to prevent contamination of the food-contact surfaces.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(E)(1)	NC	Equipment, Utensils, Linens - Storage - Location  Found some metal pans stored directly underneath the prep line prep sink drain. Please do not store clean utensils or equipment directly under plumbing waste lines.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(J)	NC	Sanitizing solutions - testing devices.  Could not locate test strips for newly installed lactic acid sanitizer system. Please obtain.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing.  Caulking in poor condition between the counter-tops and back-splashes in restrooms. Please correct.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.2(I)	NC	Lighting - Intensity  Light out over urinal in men's restroom. Please repair/replace bulb to give adequate lighting in this area for cleaning.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>		<b>Date</b> 11/18/2025
<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 5351 The Baldwin Group, Inc. (11/19)  
 As per AGR 1268 The Baldwin Group, Inc. (11/19)