

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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|--|---|------------------------------------|--|
| Name of facility COURT STREET EXPRESS LLC | Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number 2025009 | Date 01/22/2026 |
| Address 125 WEST COURT STREET | City/State/Zip Code SIDNEY OH 45365 | | |
| License holder COURT STREET EXPRESS LLC | Inspection Time 75 | Travel Time 5 | 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 checked="" 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 | |
|---|--|--|--|
| Supervision | | Time/Temperature Controlled for Safety Food (TCS food) | |
| 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 |
| Person in charge present, demonstrates knowledge, and performs duties | | Proper date marking and disposition | |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Certified Food Protection Manager | | Time as a public health control: procedures & records | |
| Employee Health | | Consumer Advisory | |
| 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 |
| Management, food employees and conditional employees; knowledge, responsibilities and reporting | | Consumer advisory provided for raw or undercooked foods | |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Highly Susceptible Populations | |
| Proper use of restriction and exclusion | | 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered | |
| Procedures for responding to vomiting and diarrheal events | | Chemical | |
| Good Hygienic Practices | | 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Food additives: approved and properly used | |
| Proper eating, tasting, drinking, or tobacco use | | 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Toxic substances properly identified, stored, used | |
| No discharge from eyes, nose, and mouth | | Conformance with Approved Procedures | |
| Preventing Contamination by Hands | | 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan | |
| Hands clean and properly washed | | 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Fresh Juice Production | |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 10 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Special Requirements: Heat Treatment Dispensing Freezers | |
| Adequate handwashing facilities supplied & accessible | | 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Approved Source | | 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 |
| Food obtained from approved source | | 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 |
| Food received at proper temperature | | Special Requirements: Acidified White Rice Preparation Criteria | |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Food in good condition, safe, and unadulterated | | 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 |
| Required records available: shellstock tags, parasite destruction | | Process Review | |
| Protection from Contamination | | 37 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance | |
| Food separated and protected | | <p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions 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 | | |
| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Proper cooking time and temperatures | | | |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Proper reheating procedures for hot holding | | | |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Proper cooling time and temperatures | | | |
| 21 | <input type="checkbox"/> IN <input checked="" 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 | | | |

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

| | | |
|---|--------------------------------------|---------------------------|
| Name of Facility COURT STREET EXPRESS LLC | Type of Inspection sta com | Date 01/22/2026 |
|---|--------------------------------------|---------------------------|

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 | 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 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 | 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 checked="" type="checkbox"/> IN <input 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 | | Administrative | |
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food properly labeled; original container | 60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned |
| Prevention of Food Contamination | | 61 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained | 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 | 65 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC |
| 48 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Wiping cloths: properly used and stored | 66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 3701-21 OAC |
| 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 | |

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! Chicken = 165 F (holding) Good! | <input type="checkbox"/> | <input type="checkbox"/> |
| | Comment/ Obs | | Battery in digital thermometer is dead. Please replace. Dial thermometer also available. | <input type="checkbox"/> | <input type="checkbox"/> |
| | Comment/ Obs | | Ensure underside of flip up door gasket on F'Real machine is cleaned frequently to remove scale. | <input type="checkbox"/> | <input type="checkbox"/> |
| | Comment/ Obs | | Received complaint on January 14th stating that outdated food, some with mold, was seen. No mold noted on packaged baked goods during inspection, Open case donuts no longer sold at store. Health department has no jurisdiction to enforce expiration dates except for baby foods and formulas. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | 3717-1-05.1(O) | C | Using a Handwashing Sink - operation and maintenance. Upon arrival, small cart blocking handwash sink next to prep sink, and a chip display holder was in the sink basin. Please ensure all handwash sinks are accessible for use at all times. *Corrected by PIC during inspection. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21 | 3717-1-03.4(F)(1)(a) | C | Time/temperature controlled for safety food - hot holding. Pizzas in warmer were only 125 F. Hot TCS foods must hold >= 135 F. *Unit temperature increased during inspection. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 37 | VR 08 | NC | Monitoring/Documenting No record of F'Real machine inspection and cleaning. Ensuring machine is clean, performing the required manufacturer cleaning tasks, ensuring unit is properly going through daily automatic sanitizing procedures, and documenting that all of this has been done is required DAILY. Failure to comply will result in loss of variance. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 54 | 3717-1-04.1(LL) | NC | Food Equipment - Certification and Classification Pizza hot hold box does not have a third-party commercial certification for use in a retail food establishment (e.g. NSF). Please replace with approved equipment. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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|---|---|
| Person in Charge | Date 01/22/2026 |
| Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993 | Licensors: 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 COURT STREET EXPRESS LLC | | | Type of Inspection sta com | Date 01/22/2026 | |
|---|----------------|----------------|---|--------------------------|-------------------------------------|
| 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 |
| 61 | 3717-1-05.4(N) | NC | Covering receptacles. Dumpster lids open upon arrival. Please keep closed to prevent weather and animals from scattering litter. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 62 | 3717-1-06.4(A) | NC | Repairing. Floor is damaged in front of pizza prep cooler and is covered in cardboard and tape. Please make a permanent repair that is smooth, durable and easily cleanable. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | |
|--|--------------|--|
| Person in Charge | | Date 01/22/2026 |
| Environmental Health Specialist RUSTY SCHWEPE, REHS | RS/SIT# 2993 | Licensors: Sidney-Shelby County Health Department |

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

