

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

Name of facility PERKINS FAMILY RESTAURANTS, INC.	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 2025189	Date 12/30/2025
Address 1955 MICHIGAN STREET	City/State/Zip Code SIDNEY OH 45365		
License holder MYRON KOESTER	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																																																																																																									
<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>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 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;">Good Hygienic Practices</th></tr> <tr><td>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>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;">Preventing Contamination by Hands</th></tr> <tr><td>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>9</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility PERKINS FAMILY RESTAURANTS, INC.	Type of Inspection sta ccp	Date 12/30/2025
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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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
40	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Nonfood-contact surfaces clean	
Proper cooling methods used; adequate equipment for temperature control		Physical Facilities	
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		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	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved thawing methods used		Plumbing installed; proper backflow devices	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Thermometers provided and accurate		Sewage and waste water properly disposed	
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Food properly labeled; original container		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Garbage/refuse properly disposed; facilities maintained	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	901:3-4 OAC	
Washing fruits and vegetables		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
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 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		Dishwasher = OK	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		All coolers <= 41 F (food) Good! *Steak and beef tips in drawers of right cook line prep cooler are a little warm ~45 F. Please check air flow. Hot food = 135 F+ (holding) Good!	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		PIC states that empty food buckets over old mop basin are not for future food use.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Please ensure that all single service food containers are stored upside down or inside of protective packaging to prevent contamination from the premises.	<input type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07(B)	C	Working containers - common name. Found a spray bottle on a shelf next to the far end cook line fryer that was labeled as "sanitizer" when it actually had a different cleaner in it. Please ensure that chemical spray bottles are accurately labeled with the name of the contents for ease of identification and to prevent misuse. *Spray bottle removed and emptied by PIC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-I.0007		Employee Health: The operation had an employee health policy on file. *Good!	<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-VI.0006		TCS Food: Observed improper method for cooling TCS foods.	<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-X.2		Chemical: Observed toxic materials improperly identified, stored and used.	<input type="checkbox"/>	<input type="checkbox"/>
40	3717-1-03.4(E)	C	Cooling methods Found sausage gravy cooling in the walkin that was in a lidded, bulk container. Hot TCS foods must be actively cooled from 135 to 70 F within 2 hours using small portions, shallow/unlidded containers, an ice bath, freezer etc. to accomplish this. *Food container moved to walkin freezer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date
Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993	12/30/2025
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 PERKINS FAMILY RESTAURANTS, INC.				Type of Inspection sta ccp		Date 12/30/2025	
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		
50	3717-1-03.2(K)	NC	In-use utensils - between-use storage. Ice scoop stored directly on top of ice machine which is dusty. Please store scoop in a food grade bag or container to prevent contamination between uses.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
54	3717-1-04.4(A)(2)	NC	Equipment - Good Repair and Proper Adjustment - Intact, Tight, Adjusted per Manufacturer A number of coolers have damaged seals. This includes the Coke display, the waitress 2 door cooler, and a couple of coolers in the cook line. Please repair/replace seals. Cloth rags are used to secure a broken dishwasher shelf leg and and a broken part on a fryer at the far end of the cook line. Please remove rags and properly repair equipment to maintain cleanability.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. Dishwasher utensil racks are in need of a thorough cleaning or should be replaced. They have a dark, gummy residue on them. While this is not uncommon for racks used with chlorine sanitizing dishwashers, additional cleaning is needed at this time (i.e. soaking and hot water under pressure).	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
62	3717-1-06.4(A)	NC	Repairing. Tile missing at base of mop sink and loose floor tiles near dishwasher floor drain. In addition, grout is missing between numerous tiles in front of dishwasher. Please repair to restore cleanability. Receptacle cover missing in storage room. Please replace to help prevent shocks. Spray foam has been used to seal the base of the mop sink to the floor. This is not a proper use of spray foam. Please remove and use a proper, easily cleanable sealant in this area. Caulking is failing at bakery area hand sink and prep sink. In addition, the splash guard between these sinks is falling off. Please resecure splash guard and reseal all junctures.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
63	3717-1-06.2(I)	NC	Lighting - Intensity Numerous light bulbs out in facility. This includes over the 3 compartment sink, above ice machine, over cook line, and in the walkin freezer. Please replace bulbs to give proper lighting. Also, light shield in walkin freezer is broken and needs to be replaced.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Person in Charge		Date 12/30/2025	
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 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)