

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 01/22/2026
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

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	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 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 type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperatures	
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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	
Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness. Public health interventions are control measures to prevent foodborne illness or injury.			

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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	Pasteurized eggs used where required	54 <input checked="" type="checkbox"/> IN <input 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	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure	
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Plumbing installed; proper backflow devices	
42 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed	
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 Toilet facilities: properly constructed, supplied, cleaned	
Food Identification		61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained	
44 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	62 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
Prevention of Food Contamination		63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	
45 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Existing Equipment and Facilities	
46 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	Administrative	
47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC	
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	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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! Dishwasher = OK	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Note: Water pressure in restrooms appears to be a little low. Recommend evaluation and repair as necessary.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. Coving/grouting behind dishwasher has been repaired, however coving/grouting still missing in mop sink area. Please repair.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per HAC 5302B The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)