

State of Ohio

Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility CIRCLE K #5681	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 2025160	Date 01/21/2026
Address 500 E. STATE STREET	City/State/Zip Code BOTKINS OH 45306		
License holder MAC'S CONVENIENCE STORES LLC	Inspection Time 60	Travel Time 15	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) / /
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	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	Certified Food Protection Manager	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	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	Management, food employees and conditional employees; knowledge, responsibilities and reporting	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	Proper use of restriction and exclusion	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used
Good Hygienic Practices			28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, used
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use	29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Conformance with Approved Procedures
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
Preventing Contamination by Hands			31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	32	<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
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	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing
10	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible	34	<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
Approved Source			35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Special Requirements: Acidified White Rice Preparation Criteria
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Critical Control Point Inspection
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	37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Process Review
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated			Variance
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling time and temperatures			
21	<input checked="" type="checkbox"/> IN <input 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			

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.

State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility CIRCLE K #5681	Type of Inspection sta	Date 01/21/2026
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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
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source
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
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
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate
Food Identification		Administrative
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food properly labeled; original container
Prevention of Food Contamination		
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 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		True Cooler 36 degrees F- Cold Holding Creamer 34 degrees F -Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(C)	NC	Paper Towels not dispensing from handsink next to 3 compartment sink. Handwashing Sinks - hand drying provision. PIC will correct.	<input type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.5(C)	NC	Food labeling 3717-1-03.5.C: Food labels. 3717-1-03.5.C.3 Bulk food that is available for consumer self-dispensing is to be prominently labeled with the following information in plain view of the consumer: 3717-1-03.5.C.3.a: The manufacturer's or processor's label that was provided with the food; or 3717-1-03.5.C.3.b: A card, sign, or other method of notification that includes the information specified under paragraphs (C)(2)(a), (C)(2), (C)(2)(e), and (C)(2)(f) of this rule. PIC will provide food labels on exterior of cabinet.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51	3717-1-04.8(E)(1)	NC	Single use cups stored on floor, Equipment, Utensils, Linens - Storage - Location 3717-1-04.8.E.1: Cleaned equipment and utensils, laundered linens, single-service articles, and single-use articles are to be stored: 3717-1-04.8.E.1.c: At least six inches (fifteen centimeters) above the floor .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58	3717-1-05.1(S)	NC	Urinal in men's restroom out of order. Plumbing system - maintained in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(F)	NC	Mop stored in mop water. Drying mops. 3717-1-06.4.F: Drying mops. After use, mops are to be placed in a position that allows them to air-dry without soiling walls, equipment, or supplies.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(N)	NC	The storage room is full of unused and old equipment not being used. Maintaining premises - unnecessary items and litter.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge ZACH	Date 01/21/2026
Environmental Health Specialist JAY STAMMEN, REHS RS/SIT# #2806	Licensor: Sidney-Shelby County Health Department

PRIORITY LEVEL: **C** = CRITICAL **NC** = NON-

CRITICAL As per MHEA 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 CIRCLE K #5681			Type of Inspection sta	Date 01/21/2026		
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
			3717-1-06.4.N: Maintaining premises - unnecessary items and litter. The premises are to be free of: 3717-1-06.4.N.1: Items that are unnecessary to the operation or maintenance of the food service operation or retail food establishment such as equipment that is nonfunctional or no longer used.			

Person in Charge ZACH		Date 01/21/2026
Environmental Health Specialist JAY STAMMEN, REHS RS/SIT# #2806		Licenser: Sidney-Shelby County Health Department

PRIORITY LEVEL: C= CRITICAL NC = NON-

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

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