

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility ELDER THEATRE	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>2025093</i>	Date 02/27/2026
Address 106 WEST PIKE STREET	City/State/Zip Code JACKSON CENTER OH 45334		
License holder REBECCA MILLER	Inspection Time 30	Travel Time 45	Category/Descriptive COMMERCIAL CLASS 2 <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) <i>//</i>	Water sample date/result (if required) <i>//</i>

## 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   Person in charge present, demonstrates knowledge, and performs duties	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Proper date marking and disposition <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Certified Food Protection Manager	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Time as a public health control: procedures & records <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Employee Health</b>	<b>Consumer Advisory</b>
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   Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/> N/A
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Proper use of restriction and exclusion	<b>Highly Susceptible Populations</b>
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Procedures for responding to vomiting and diarrheal events	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Pasteurized foods used; prohibited foods not offered <input type="checkbox"/> N/A
<b>Good Hygienic Practices</b>	<b>Chemical</b>
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O   Proper eating, tasting, drinking, or tobacco use	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Food additives: approved and properly used <input checked="" type="checkbox"/> N/A
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O   No discharge from eyes, nose, and mouth	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Toxic substances properly identified, stored, used <input type="checkbox"/> N/A
<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   Hands clean and properly washed	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan <input checked="" type="checkbox"/> N/A
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   No bare hand contact with ready-to-eat foods or approved alternate method properly followed <input type="checkbox"/> N/A <input type="checkbox"/> N/O	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Special Requirements: Fresh Juice Production <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Adequate handwashing facilities supplied & accessible	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Special Requirements: Heat Treatment Dispensing Freezers <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Approved Source</b>	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Special Requirements: Custom Processing <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Food obtained from approved source	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Special Requirements: Bulk Water Machine Criteria <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Food received at proper temperature <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Special Requirements: Acidified White Rice Preparation Criteria <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Food in good condition, safe, and unadulterated	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Critical Control Point Inspection <input checked="" type="checkbox"/> N/A
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Required records available: shellstock tags, parasite destruction <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Process Review <input checked="" type="checkbox"/> N/A
<b>Protection from Contamination</b>	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Variance <input checked="" type="checkbox"/> N/A
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Food separated and protected <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   Food-contact surfaces: cleaned and sanitized <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Proper disposition of returned, previously served, reconditioned, and unsafe food	
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Proper cooking time and temperatures <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Proper reheating procedures for hot holding <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Proper cooling time and temperatures <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT   Proper hot holding temperatures <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Proper cold holding temperatures	

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<b>Name of Facility</b> ELDER THEATRE	<b>Type of Inspection</b> sta	<b>Date</b> 02/27/2026
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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	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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Insects, rodents, and animals not present/outer openings protected		<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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
				<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> LAKODA	<b>Date</b> 02/27/2026
<b>Environmental Health Specialist</b> MICHAEL MCCLAIN, REHS RS/SIT# 3051	<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)