

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |                                    |  |
|---|---|------------------------------------|--|
| Name of facility<br>ALDI'S INC #46  | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br>2026251          | Date<br>03/31/2026   |
| Address<br>2500 MICHIGAN AVE  | City/State/Zip Code<br>SIDNEY OH 45365  |                                    |  |
| License holder<br>ALDI, INC   | Inspection Time<br>75   | Travel Time<br>15                  | Category/Descriptive<br>COMMERCIAL CLASS 1 <25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><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<br><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)<br>// | Water sample date/result (if required)<br>//               |

## 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                                 | 23   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper date marking and disposition                             |
| 2   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                 | 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Time as a public health control: procedures & records           |
| <b>Employee Health</b>  |  | <b>Consumer Advisory</b>   |   |
| 3   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Consumer advisory provided for raw or undercooked foods                                      |
| 4   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | <b>Highly Susceptible Populations</b>  |   |
| 5   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Pasteurized foods used; prohibited foods not offered   |
| <b>Good Hygienic Practices</b>                                |  | <b>Chemical</b>  |   |
| 6   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Food additives: approved and properly used   |
| 7   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | 28   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Toxic substances properly identified, stored, used   |
| <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                                 | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan        |
| 9   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Fresh Juice Production                    |
| 10  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Heat Treatment Dispensing Freezers        |
| <b>Approved Source</b>  |  | 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Custom Processing                         |
| 11  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Bulk Water Machine Criteria               |
| 12  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>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<br><input checked="" type="checkbox"/> N/A<br>Critical Control Point Inspection  |
| 14  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Process Review   |
| <b>Protection from Contamination</b>                          |  | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Variance   |
| 15  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 17  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  |  |   |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b> |  |  |   |
| 18  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |   |
| 22  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |  |   |

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|   |                                  |                           |
|---|----------------------------------|---------------------------|
| <b>Name of Facility</b><br>ALDI'S INC #46 | <b>Type of Inspection</b><br>sta | <b>Date</b><br>03/31/2026 |
|---|----------------------------------|---------------------------|

## 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 | 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> IN <input 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 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   |                                 | Plumbing installed; proper backflow devices  |
| 43                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |                                 | <input type="checkbox"/> N/A <input type="checkbox"/> N/O  |
|                                  | Thermometers provided and accurate  | 59                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Food Identification              |   |                                 | Sewage and waste water properly disposed   |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 60                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
|                                  | Food properly labeled; original container   |                                 | 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 |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   |                                 | Garbage/refuse properly disposed; facilities maintained  |
|                                  | Insects, rodents, and animals not present/outer openings protected  | 62                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              |
| 46                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   |                                 | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas               |
|                                  | Contamination prevented during food preparation, storage & display  |                                 | <input type="checkbox"/> N/A <input type="checkbox"/> N/O  |
| 47                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 63                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              |
|                                  | Personal cleanliness  |                                 | Adequate ventilation and lighting; designated areas used   |
| 48                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 64                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
|                                  | Wiping cloths: properly used and stored   |                                 | Existing Equipment and Facilities  |
| 49                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Administrative                  |  |
|                                  | Washing fruits and vegetables   | 65                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Proper Use of Utensils           |   |                                 | 901:3-4 OAC  |
| 50                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 66                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
|                                  | In-use utensils: properly stored  |                                 | 3701-21 OAC  |
| 51                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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                        |
|----------|-------------------|----------------|--|--------------------------|--------------------------|
|          | Comment/ Obs      |                | All Coolers <= 41 F (food) Good!   | <input type="checkbox"/> | <input type="checkbox"/> |
| 54       | 3717-1-04.4(A)(2) | NC             | Equipment - Good Repair and Proper Adjustment - Intact, Tight, Adjusted per Manufacturer<br><br>Bottom cooler door seal where yogurt is displayed is in poor condition. Please replace.<br><br>Condensate drain in back room freezer (E/F) appears to be plugged and ice has formed on the bottom. Please adjust/repair. | <input type="checkbox"/> | <input type="checkbox"/> |
| 61       | 3717-1-06.1(R)    | NC             | Outdoor refuse areas - curbed and graded to drain.<br><br>Drain near dumpster is plugged causing water to accumulate around the dumpster. Please unplug drain. Also, concrete stairs leading to dumpster are beginning to deteriorate and need repaired.   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |
|--|---------------------------|
| <b>Person in Charge</b><br>Environmental Health Specialist<br>RUSTY SCHWEPE RS/SIT# 2993 | <b>Date</b><br>03/31/2026 |
| <b>Licensor:</b><br>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)