

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

|  |  |  |  |   |  |   |  |   |  |
|--|--|--|--|---|--|---|--|---|--|
| <b>Name of facility</b><br>OLLIE'S BARGAIN OUTLET, INC. #143   |  | <b>Check one</b><br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE |  | <b>License Number</b><br>2026223              |  | <b>Date</b><br>03/19/2026   |  |   |  |
| <b>Address</b><br>2240 MICHIGAN STREET   |  |  |  | <b>City/State/Zip Code</b><br>SIDNEY OH 45365 |  |   |  |   |  |
| <b>License holder</b><br>OLLIE'S BARGAIN OUTLET, INC   |  | <b>Inspection Time</b><br>60   |  | <b>Travel Time</b><br>10                      |  | <b>Category/Descriptive</b><br>COMMERCIAL CLASS 1 <25,000 SQ. FT. |  |   |  |
| <b>Type of inspection (check all that apply)</b><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 |  |  |  |   |  | <b>Follow-up date (if required)</b><br>//                         |  | <b>Water sample date/result (if required)</b><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 |
| Person in charge present, demonstrates knowledge, and performs duties                           |  | 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 |
| Certified Food Protection Manager   |  | Time as a public health control: procedures & records  |  |
| <b>Employee Health</b>  |  | <b>Consumer Advisory</b>   |  |
| 3   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                 | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| Management, food employees and conditional employees; knowledge, responsibilities and reporting |  | Consumer advisory provided for raw or undercooked foods  |  |
| 4   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                 | <b>Highly Susceptible Populations</b>  |  |
| Proper use of restriction and exclusion   |  | 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 5   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Pasteurized foods used; prohibited foods not offered   |  |
| Procedures for responding to vomiting and diarrheal events                                      |  | <b>Chemical</b>  |  |
| <b>Good Hygienic Practices</b>  |  | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 6   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | Food additives: approved and properly used   |  |
| Proper eating, tasting, drinking, or tobacco use  |  | 28   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              |
| 7   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | Toxic substances properly identified, stored, used   |  |
| No discharge from eyes, nose, and mouth   |  | <b>Conformance with Approved Procedures</b>  |  |
| <b>Preventing Contamination by Hands</b>  |  | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 8   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O                                 | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan  |  |
| Hands clean and properly washed   |  | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Fresh Juice Production   |  |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed     |  | 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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                                 | Special Requirements: Heat Treatment Dispensing Freezers   |  |
| Adequate handwashing facilities supplied & accessible   |  | 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| <b>Approved Source</b>  |  | 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 |
| Food obtained from approved source  |  | Special Requirements: Bulk Water Machine Criteria  |  |
| 12  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input 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 |
| Food received at proper temperature   |  | 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                              |
| Food in good condition, safe, and unadulterated   |  | 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                              |
| Required records available: shellstock tags, parasite destruction                               |  | Process Review   |  |
| <b>Protection from Contamination</b>  |  | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 15  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance   |  |
| Food separated and protected  |  | <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 |  |  |
| 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               |  |  |  |
| <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 |  |  |
| Proper cooking time and temperatures  |  |  |  |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper cooling time and temperatures  |  |  |  |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper hot holding temperatures   |  |  |  |
| 22  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                 |  |  |
| Proper cold holding temperatures  |  |  |  |

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|  |                                  |                           |
|--|----------------------------------|---------------------------|
| <b>Name of Facility</b><br>OLLIE'S BARGAIN OUTLET, INC. #143 | <b>Type of Inspection</b><br>sta | <b>Date</b><br>03/19/2026 |
|--|----------------------------------|---------------------------|

## 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used         |
| 39                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | 55                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Warewashing facilities: installed, maintained, used; test strips |
| Food Temperature Control         |   | Physical Facilities             |  |
| 40                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 56                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Nonfood-contact surfaces clean  |
| 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<br>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<br>Plumbing installed; proper backflow devices   |
| 43                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |                                 | <input type="checkbox"/> N/A <input type="checkbox"/> N/O  |
| Food Identification              |   | 59                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Sewage and waste water properly disposed                         |
| Prevention of Food Contamination |   | 60                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Toilet facilities: properly constructed, supplied, cleaned       |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 61                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Garbage/refuse properly disposed; facilities maintained          |
| 46                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 62                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Physical facilities installed, maintained, and clean; dogs in outdoor dining areas            |
| 47                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |                                 | <input type="checkbox"/> N/A <input type="checkbox"/> N/O  |
| 48                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 63                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Adequate ventilation and lighting; designated areas used                                      |
| 49                               | <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<br>Existing Equipment and Facilities                                |
| Proper Use of Utensils           |   | Administrative                  |  |
| 50                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 65                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>901:3-4 OAC  |
| 51                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | 66                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>3701-21 OAC  |
| 52                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |                                 |  |
| 53                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |                                 |  |

## 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                        |
|----------|--------------------|----------------|--|-------------------------------------|--------------------------|
| 5        | 3717-1-02.4(C)(18) | NC             | Written Procedures for Cleaning Up Vomiting and Diarrheal Events<br><br>PIC unable to provide written clean-up procedures for vomit/diarrheal events. Please obtain and post in a convenient location for manager/employee reference.  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 28       | 3717-1-07(B)       | C              | Working containers - common name.<br><br>Upon arrival found a blue liquid in an unlabeled spray bottle in the custodial closet. Smelled like glass cleaner. All working containers of chemicals must be labeled with the name of the contents for ease of identification and to prevent misuse. *Labeled by PIC. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|  |   |
|--|---|
| <b>Person in Charge</b>  | <b>Date</b><br>03/19/2026                                   |
| <b>Environmental Health Specialist</b><br>RUSTY SCHWEPE RS/SIT# 2993 | <b>Licensors:</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)