

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility S&G #75	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 2026145	Date 04/20/2026
Address 2190 FAIR ROAD	City/State/Zip Code SIDNEY OH 45365		
License holder S AND G STORES LLC	Inspection Time 15	Travel Time 10	Category/Descriptive COMMERCIAL CLASS 3 <25,000 SQ. FT.
Type of inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input checked="" 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	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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>			
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Consumer Advisory</b>	
Management, food employees and conditional employees; knowledge, responsibilities and reporting		25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>	
Procedures for responding to vomiting and diarrheal events		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
<b>Good Hygienic Practices</b>			
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Pasteurized foods used; prohibited foods not offered	
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<b>Chemical</b>	
Proper eating, tasting, drinking, or tobacco use		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
No discharge from eyes, nose, and mouth		Food additives: approved and properly used	
<b>Preventing Contamination by Hands</b>			
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Hands clean and properly washed		Toxic substances properly identified, stored, used	
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<b>Conformance with Approved Procedures</b>	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Adequate handwashing facilities supplied & accessible		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Approved Source</b>			
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Heat Treatment Dispensing Freezers	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Custom Processing	
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food in good condition, safe, and unadulterated		Special Requirements: Bulk Water Machine Criteria	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Required records available: shellstock tags, parasite destruction		Special Requirements: Acidified White Rice Preparation Criteria	
<b>Protection from Contamination</b>			
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Food separated and protected		Critical Control Point Inspection	
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Food-contact surfaces: cleaned and sanitized		Process Review	
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT	37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Proper disposition of returned, previously served, reconditioned, and unsafe food		Variance	
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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>	
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		

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

<b>Name of Facility</b> S&G #75	<b>Type of Inspection</b> flwup	<b>Date</b> 04/20/2026
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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		
<b>Safe Food and Water</b>		
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source
<b>Food Temperature Control</b>		
40	<input 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate
<b>Food Identification</b>		
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container
<b>Prevention of Food Contamination</b>		
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness
48	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables
<b>Proper Use of Utensils</b>		
50	<input 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 type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled
52	<input 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 type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use
<b>Utensils, Equipment and Vending</b>		
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips
56	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean
<b>Physical Facilities</b>		
57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices
59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
61	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
62	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
63	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities
<b>Administrative</b>		
65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	901:3-4 OAC
66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	3701-21 OAC

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 violations noted on 4-13-26 inspection report have been corrected except as noted below. Thank you!	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		*Cooler door seals are on order per PIC. *Please continue to replace non-functional bulbs in light fixtures; current level of lighting OK. *Please submit Serv Safe certificate and application (enclosed) to ODH to obtain Ohio Manager Certification.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 04/20/2026
<b>Environmental Health Specialist</b> RUSTY SCHWEPE RS/SIT# 2993	<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)



**Department of Health**

**Application for Ohio Department of Health Manager Certification in Food Protection**

Authority: 3717.09 ORC; 3701-21-25 OAC

**To request the Ohio Manager Certification in Food Protection, you must complete this application and submit it with all requested material to:**

Ohio Department of Health  
 BEHRP Food Safety Program 246  
 N. High St.  
 Columbus, Ohio 43215

Or email to: [foodsafety@odh.ohio.gov](mailto:foodsafety@odh.ohio.gov)

First Name:		Middle Initial:	Last Name:
Address			
City	State		Zip Code
Phone:		Email:	
Are you a United States Armed Forces service member or veteran, or the spouse or surviving spouse of a service member or veteran (proof of service member/veteran status must be attached)?			
		<input type="radio"/> Yes	<input checked="" type="radio"/> No

**Completed course information:**

Name of Instructor/Proctor:	
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The following documents must be provided along with this application:

1. Proof of completion of an approved manager certification course of study from the instructor, **or** proof of completion of an approved manager certification online course; and
2. A copy of the exam certificate received.

*I hereby certify that the information provided is correct to the best of my knowledge.*

Signature:	Title:	Date: