

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                    |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------|
| Name of facility<br>IUTIS CLUB CONCESSIONS-HARMON FIELD                                                                                                                                                                                                                                                                                                                                                                                                         | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br>2026203          | Date<br>05/28/2026                                         |
| Address<br>HARMON FIELD                                                                                                                                                                                                                                                                                                                                                                                                                                         | City/State/Zip Code<br>SIDNEY OH 45365                                            |                                    |                                                            |
| License holder<br>IUTIS CLUB, INC.                                                                                                                                                                                                                                                                                                                                                                                                                              | Inspection Time<br>20                                                             | Travel Time<br>10                  | Category/Descriptive<br>COMMERCIAL CLASS 3 <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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                              |
| Management, food employees and conditional employees; knowledge, responsibilities and reporting |                                                                                                                                  | 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>                                                                                                                                                                                                                                          |                                                                                                                                  |
| Proper use of restriction and exclusion                                                         |                                                                                                                                  | 26                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 5                                                                                               | <input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 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 |
| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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               |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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                                                                |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |

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|                                                                |                                  |                           |
|----------------------------------------------------------------|----------------------------------|---------------------------|
| <b>Name of Facility</b><br>IUTIS CLUB CONCESSIONS-HARMON FIELD | <b>Type of Inspection</b><br>sta | <b>Date</b><br>05/28/2026 |
|----------------------------------------------------------------|----------------------------------|---------------------------|

## 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 | Pasteurized eggs used where required                                                                | 54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           |
| 39                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Water and ice from approved source                                                                  | 55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 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                             | 56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           |
| 41                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Plant food properly cooked for hot holding                                                          | 57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 42                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Approved thawing methods used                                                                       | 58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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                              | Thermometers provided and accurate                                                                  | 59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Food Identification              |                                                                                                                               | Administrative                                                                                      |                                                                                                                                  |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Food properly labeled; original container                                                           | 60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Prevention of Food Contamination |                                                                                                                               | 61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Insects, rodents, and animals not present/outer openings protected                                  | 63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           |
| 46                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Contamination prevented during food preparation, storage & display                                  | 64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| 47                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness                                                                                | 65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| 48                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Wiping cloths: properly used and stored                                                             | 66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 49                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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 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 |                | Fridge = <41 F (food) Good!<br>Hot food (chili, cheese, hot dogs) = 135 F+ (holding) Good!                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
|          | Comment/ Obs |                | Per PIC, employee illness policies and vomit/diarrhea clean-up policy are signed, but are not currently located in the concession stand. Please ensure these policies are kept in the stand at all times for review. | <input type="checkbox"/> | <input type="checkbox"/> |
|          | Comment/ Obs |                | Otherwise, satisfactory at time of inspection.                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                      |                                                             |
|----------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Person in Charge</b>                                              | <b>Date</b><br>05/28/2026                                   |
| <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 MEA 5302B The Baldwin Group, Inc. (11/19)  
As per AGR 1268 The Baldwin Group, Inc. (11/19)