

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                     |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|
| Name of facility<br>COURTSIDE TAVERN                                                                                                                                                                                                                                                                                                                                                                                                                            | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br>2026031           | Date<br>06/10/2026                                         |
| Address<br>432 W. PIKE STREET                                                                                                                                                                                                                                                                                                                                                                                                                                   | City/State/Zip Code<br>JACKSON CENTER OH 45334                                    |                                     |                                                            |
| License holder<br>THOMAS BODENMILLER                                                                                                                                                                                                                                                                                                                                                                                                                            | Inspection Time<br>45                                                             | Travel Time<br>0                    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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 |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center;">Supervision</th></tr> <tr> <td style="width: 5%;">1</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Person in charge present, demonstrates knowledge, and performs duties</td> </tr> <tr> <td>2</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Certified Food Protection Manager</td> </tr> <tr><th colspan="2" style="text-align: center;">Employee Health</th></tr> <tr> <td>3</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Management, food employees and conditional employees; knowledge, responsibilities and reporting</td> </tr> <tr> <td>4</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Proper use of restriction and exclusion</td> </tr> <tr> <td>5</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Procedures for responding to vomiting and diarrheal events</td> </tr> <tr><th colspan="2" style="text-align: center;">Good Hygienic Practices</th></tr> <tr> <td>6</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/O    Proper eating, tasting, drinking, or tobacco use</td> </tr> <tr> <td>7</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/O    No discharge from eyes, nose, and mouth</td> </tr> <tr><th colspan="2" style="text-align: center;">Preventing Contamination by Hands</th></tr> <tr> <td>8</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/O    Hands clean and properly washed</td> </tr> <tr> <td>9</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td> </tr> <tr> <td>10</td> <td><input type="checkbox"/> IN    <input checked="" type="checkbox"/> OUT    <input type="checkbox"/> N/A    Adequate handwashing facilities supplied &amp; accessible</td> </tr> <tr><th colspan="2" style="text-align: center;">Approved Source</th></tr> <tr> <td>11</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    Food obtained from approved source</td> </tr> <tr> <td>12</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input checked="" type="checkbox"/> N/O    Food received at proper temperature</td> </tr> <tr> <td>13</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    Food in good condition, safe, and unadulterated</td> </tr> <tr> <td>14</td> <td><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</td> </tr> <tr><th colspan="2" style="text-align: center;">Protection from Contamination</th></tr> <tr> <td>15</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    Food separated and protected</td> </tr> <tr> <td>16</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    Food-contact surfaces: cleaned and sanitized</td> </tr> <tr> <td>17</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    Proper disposition of returned, previously served, reconditioned, and unsafe food</td> </tr> <tr><th colspan="2" style="text-align: center;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr> <td>18</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input checked="" type="checkbox"/> N/O    Proper cooking time and temperatures</td> </tr> <tr> <td>19</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Proper reheating procedures for hot holding</td> </tr> <tr> <td>20</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input checked="" type="checkbox"/> N/O    Proper cooling time and temperatures</td> </tr> <tr> <td>21</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    Proper hot holding temperatures</td> </tr> <tr> <td>22</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Proper cold holding temperatures</td> </tr> </table> | Compliance Status                                                                                                                                                                                                            |  | Supervision |  | 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Person in charge present, demonstrates knowledge, and performs duties | 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Certified Food Protection Manager | Employee Health |  | 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Management, food employees and conditional employees; knowledge, responsibilities and reporting | 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Proper use of restriction and exclusion | 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Procedures for responding to vomiting and diarrheal events | Good Hygienic Practices |  | 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    Proper eating, tasting, drinking, or tobacco use | 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    No discharge from eyes, nose, and mouth | Preventing Contamination by Hands |  | 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    Hands clean and properly washed | 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 10 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A    Adequate handwashing facilities supplied & accessible | Approved Source |  | 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    Food obtained from approved source | 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O    Food received at proper temperature | 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    Food in good condition, safe, and unadulterated | 14 | <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 | Protection from Contamination |  | 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Food separated and protected | 16 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 | Time/Temperature Controlled for Safety Food (TCS food) |  | 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O    Proper cooking time and temperatures | 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <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 <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O    Proper cooling time and temperatures | 21 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr> <td style="width: 5%;">23</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    <input type="checkbox"/> N/O    Proper date marking and disposition</td> </tr> <tr> <td>24</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Time as a public health control: procedures &amp; records</td> </tr> <tr><th colspan="2" style="text-align: center;">Consumer Advisory</th></tr> <tr> <td>25</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Consumer advisory provided for raw or undercooked foods</td> </tr> <tr><th colspan="2" style="text-align: center;">Highly Susceptible Populations</th></tr> <tr> <td>26</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Pasteurized foods used; prohibited foods not offered</td> </tr> <tr><th colspan="2" style="text-align: center;">Chemical</th></tr> <tr> <td>27</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Food additives: approved and properly used</td> </tr> <tr> <td>28</td> <td><input checked="" type="checkbox"/> IN    <input type="checkbox"/> OUT    <input type="checkbox"/> N/A    Toxic substances properly identified, stored, used</td> </tr> <tr><th colspan="2" style="text-align: center;">Conformance with Approved Procedures</th></tr> <tr> <td>29</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan</td> </tr> <tr> <td>30</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Special Requirements: Fresh Juice Production</td> </tr> <tr> <td>31</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Special Requirements: Heat Treatment Dispensing Freezers</td> </tr> <tr> <td>32</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Special Requirements: Custom Processing</td> </tr> <tr> <td>33</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Special Requirements: Bulk Water Machine Criteria</td> </tr> <tr> <td>34</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    <input type="checkbox"/> N/O    Special Requirements: Acidified White Rice Preparation Criteria</td> </tr> <tr> <td>35</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Critical Control Point Inspection</td> </tr> <tr> <td>36</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Process Review</td> </tr> <tr> <td>37</td> <td><input type="checkbox"/> IN    <input type="checkbox"/> OUT    <input checked="" type="checkbox"/> N/A    Variance</td> </tr> <tr> <td colspan="2"> <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> </td> </tr> </table> | Compliance Status |  | Time/Temperature Controlled for Safety Food (TCS food) |  | 23 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Proper date marking and disposition | 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Time as a public health control: procedures & records | Consumer Advisory |  | 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Consumer advisory provided for raw or undercooked foods | Highly Susceptible Populations |  | 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Pasteurized foods used; prohibited foods not offered | Chemical |  | 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Food additives: approved and properly used | 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Toxic substances properly identified, stored, used | Conformance with Approved Procedures |  | 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan | 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Fresh Juice Production | 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Heat Treatment Dispensing Freezers | 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Custom Processing | 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Bulk Water Machine Criteria | 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Acidified White Rice Preparation Criteria | 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Critical Control Point Inspection | 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Process Review | 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Variance | <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> |  |
| Compliance Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                          | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Acidified White Rice Preparation Criteria                             |  |             |  |   |                                                                                                                                                                           |   |                                                                                                                                       |                 |  |   |                                                                                                                                                                                                     |   |                                                                                                                                             |   |                                                                                                                                                                |                         |  |   |                                                                                                                                                      |   |                                                                                                                                             |                                   |  |   |                                                                                                                                     |   |                                                                                                                                                                                                                              |    |                                                                                               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| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Critical Control Point Inspection                                                                                        |  |             |  |   |                                                                                                                                                                           |   |                                                                                                                                       |                 |  |   |                                                                                                                                                                                                     |   |                                                                                                                                            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| 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Variance                                                                                                                 |  |             |  |   |                                                                                                                                                                           |   |                                                                                                                                       |                 |  |   |                                                                                                                                                                                                     |   |                                                                                                                                            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 |  |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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 |  |

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

|                                             |                                  |                           |
|---------------------------------------------|----------------------------------|---------------------------|
| <b>Name of Facility</b><br>COURTSIDE TAVERN | <b>Type of Inspection</b><br>sta | <b>Date</b><br>06/10/2026 |
|---------------------------------------------|----------------------------------|---------------------------|

**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                                                           |
| Pasteurized eggs used where required                                    |                                                                                                                               | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |                                                                                                                               |
| 39                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 55                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Water and ice from approved source                                      |                                                                                                                               | Warewashing facilities: installed, maintained, used; test strips                      |                                                                                                                               |
| Food Temperature Control                                                |                                                                                                                               | 56                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           |
| 40                                                                      | <input 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 type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 58                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Approved thawing methods used                                           |                                                                                                                               | Plumbing installed; proper backflow devices                                           |                                                                                                                               |
| 43                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 59                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Thermometers provided and accurate                                      |                                                                                                                               | Sewage and waste water properly disposed                                              |                                                                                                                               |
| Food Identification                                                     |                                                                                                                               | 60                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 44                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Toilet facilities: properly constructed, supplied, cleaned                            |                                                                                                                               |
| Food properly labeled; original container                               |                                                                                                                               | 61                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Prevention of Food Contamination                                        |                                                                                                                               | Garbage/refuse properly disposed; facilities maintained                               |                                                                                                                               |
| 45                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 62                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Insects, rodents, and animals not present/outer openings protected      |                                                                                                                               | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |                                                                                                                               |
| 46                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 63                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           |
| Contamination prevented during food preparation, storage & display      |                                                                                                                               | Adequate ventilation and lighting; designated areas used                              |                                                                                                                               |
| 47                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 64                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Personal cleanliness                                                    |                                                                                                                               | Existing Equipment and Facilities                                                     |                                                                                                                               |
| 48                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Administrative                                                                        |                                                                                                                               |
| Wiping cloths: properly used and stored                                 |                                                                                                                               | 65                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| 49                                                                      | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 901:3-4 OAC                                                                           |                                                                                                                               |
| Washing fruits and vegetables                                           |                                                                                                                               | 66                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Proper Use of Utensils                                                  |                                                                                                                               | 3701-21 OAC                                                                           |                                                                                                                               |
| 50                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                       |                                                                                                                               |
| In-use utensils: properly stored                                        |                                                                                                                               |                                                                                       |                                                                                                                               |
| 51                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |                                                                                       |                                                                                                                               |
| Utensils, equipment and linens: properly stored, dried, handled         |                                                                                                                               |                                                                                       |                                                                                                                               |
| 52                                                                      | <input type="checkbox"/> IN <input checked="" 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                        |
|----------|-------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 10       | 3717-1-06.2(C)    | NC             | Handwashing Sinks - hand drying provision.<br><br>No paper towels at kitchen handwashing sink                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 52       | 3717-1-04.8(E)(1) | NC             | Single-service and single-use articles - storage - Location<br><br>Observed a couple of boxes of single use cups stored on kitchen floor next to pizza prep cooler. All single use items shall be stored in a clean dry location, 6 inches above the floor, where they are not exposed to splash, dust, and other contamination. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|                                                                        |                                                             |
|------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Person in Charge</b><br>TOM                                         | <b>Date</b><br>06/10/2026                                   |
| <b>Environmental Health Specialist</b><br>MICHAEL MCCLAIN RS/SIT# 3051 | <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)