

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                     |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|
| Name of facility<br>MORRIE'S LANDING RESTAURANT                                                                                                                                                                                                                                                                                                                                                                                                                            | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br>2026231           | Date<br>06/25/2026                                         |
| Address<br>11003 ST. RT. 362                                                                                                                                                                                                                                                                                                                                                                                                                                               | City/State/Zip Code<br>MINSTER OH 45865                                           |                                     |                                                            |
| License holder<br>MARTHA HOLSCHER                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inspection Time<br>90                                                             | Travel Time<br>30                   | Category/Descriptive<br>COMMERCIAL CLASS 4 <25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><input checked="" type="checkbox"/> Standard <input checked="" 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                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supervision                                                                                                                                                                                                                    | Time/Temperature Controlled for Safety Food (TCS food)                                                                                                                                              |
| 1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Person in charge present, demonstrates knowledge, and performs duties                                                    | 23 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Proper date marking and disposition                             |
| 2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Certified Food Protection Manager                                                                                        | 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           |
| Employee Health                                                                                                                                                                                                                | Consumer Advisory                                                                                                                                                                                   |
| 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                          | 25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Consumer advisory provided for raw or undercooked foods                                      |
| 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                                                               | Highly Susceptible Populations                                                                                                                                                                      |
| Good Hygienic Practices                                                                                                                                                                                                        | 26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Pasteurized foods used; prohibited foods not offered                                         |
| 6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    Proper eating, tasting, drinking, or tobacco use                                                                         | Chemical                                                                                                                                                                                            |
| 7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    No discharge from eyes, nose, and mouth                                                                                  | 27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Food additives: approved and properly used                                                   |
| Preventing Contamination by Hands                                                                                                                                                                                              | 28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A    Toxic substances properly identified, stored, used                                           |
| 8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    Hands clean and properly washed                                                                                          | Conformance with Approved Procedures                                                                                                                                                                |
| 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 | 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        |
| 10 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A    Adequate handwashing facilities supplied & accessible                                                                   | 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                    |
| Approved Source                                                                                                                                                                                                                | 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        |
| 11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    Food obtained from approved source                                                                                                                   | 32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O    Special Requirements: Custom Processing                         |
| 12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Food received at proper temperature                                                        | 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               |
| 13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    Food in good condition, safe, and unadulterated                                                                                                      | 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 |
| 14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Required records available: shellstock tags, parasite destruction                          | 35 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A    Critical Control Point Inspection                                                            |
| Protection from Contamination                                                                                                                                                                                                  | 36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Process Review                                                                               |
| 15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Food separated and protected                                                               | 37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A    Variance                                                                                     |
| 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Proper cooking time and temperatures                                                       |                                                                                                                                                                                                     |
| 19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    Proper reheating procedures for hot holding                                                |                                                                                                                                                                                                     |
| 20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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                                                                                        |                                                                                                                                                                                                     |

**Risk Factors** are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

**Public health interventions** are control measures to prevent foodborne illness or injury.

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|                                                        |                                      |                           |
|--------------------------------------------------------|--------------------------------------|---------------------------|
| <b>Name of Facility</b><br>MORRIE'S LANDING RESTAURANT | <b>Type of Inspection</b><br>sta ccp | <b>Date</b><br>06/25/2026 |
|--------------------------------------------------------|--------------------------------------|---------------------------|

## 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                                                           | 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                              | Water and ice from approved source                                      | 55                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Warewashing facilities: installed, maintained, used; test strips                      |
| Food Temperature Control         |                                                                                                                               |                                                                         | 56                              | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                                                           | Nonfood-contact surfaces clean                                                        |
| 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 | Physical Facilities             |                                                                                                                               |                                                                                       |
| 41                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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                              | 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 | Approved thawing methods used                                           | 58                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plumbing installed; proper backflow devices                                           |
| 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                              | Sewage and waste water properly disposed                                              |
| Food Identification              |                                                                                                                               |                                                                         | 60                              | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Toilet facilities: properly constructed, supplied, cleaned                            |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Food properly labeled; original container                               | 61                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Garbage/refuse properly disposed; facilities maintained                               |
| Prevention of Food Contamination |                                                                                                                               |                                                                         | 62                              | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |
| 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                                                           | Adequate ventilation and lighting; designated areas used                              |
| 46                               | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                                                           | Contamination prevented during food preparation, storage & display      | 64                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Existing Equipment and Facilities                                                     |
| 47                               | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness                                                    | Administrative                  |                                                                                                                               |                                                                                       |
| 48                               | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Wiping cloths: properly used and stored                                 | 65                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | 901:3-4 OAC                                                                           |
| 49                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Washing fruits and vegetables                                           | 66                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 3701-21 OAC                                                                           |
| 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Slash-resistant, cloth, and latex glove use                             |                                 |                                                                                                                               |                                                                                       |

## Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: **COS** = corrected on-site during inspection **R** = repeat violation

| Item No. | Code Section      | Priority Level | Comment                                                                                                                                                                                           | COS                                 | R                                   |
|----------|-------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 10       | 3717-1-05.1(C)    | NC             | The handwash sink in the kitchen did not have any working hot or cold water.                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 23       | 3717-1-03.4(G)    | C              | Salad prep cooler lettuce and diced tomatoes, and kitchen sandwich condiments lettuce and sliced tomatoes were not date marked. Food employee to date mark lettuce and cut tomatoes.              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35       | CCP-III.0006      |                | Preventing Contamination by Hands: Handwashing sink needs to have working hot and cold water to properly wash germs off of your hands.                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 35       | CCP-VI.0012       |                | TCS Food: Refrigerated, ready-to-eat, TCS foods held refrigerated for more than 24 hours need marked with a 7-day use-by date to ensure foods are used in a timely manner before spoilage occurs. | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 46       | 3717-1-03.2(Q)    | NC             | In walk-in-cooler, there was a white bucket of fish sitting directly on the floor.                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 47       | 3717-1-02(3)(D)   | NC             | Food employees were not wearing physical hair restraints.                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 48       | 3717-1-03.2(M)    | NC             | Wiping cloths laying on countertops, instead of in a red bucket of sanitizer.                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 51       | 3717-1-04.8(E)(1) | NC             | In dry storage room, a box of styrofoam clamshells were sitting directly on the floor.                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 52       | 3717-1-04.8(G)(1) | NC             | In gray silverware container, spoons were stored with their handle ends and mouth ends inter-mingled.                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 56       | 3717-1-04.5(D)    | NC             | Interior of microwaves were dirty.                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 60       | 3717-1-05.4(H)    | NC             | Womens' restroom needs a covered waste basket for feminine hygiene products.                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 62       | 3717-1-06.4(A)    | NC             | In front of deep fryer, floor tile was broken.                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 62       | 3717-1-06.4(B)    | NC             | In dry storage room, there were cobwebs on the ceiling.                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            |

|                                                                    |                                                             |
|--------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Person in Charge</b><br>MARTHA HOLSCHER                         | <b>Date</b><br>06/25/2026                                   |
| <b>Environmental Health Specialist</b><br>TED WUEBKER RS/SIT# 2337 | <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)