

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                     |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------|
| Name of facility<br>FREIDET'S FANTASTICAL SWEETS                                                                                                                                                                                                                                                                                                                                                                                                                | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br>2026212           | Date<br>08/15/2026                            |
| Address<br>901 SPRUCE AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                                    | City/State/Zip Code<br>SIDNEY OH 45365                                            |                                     |                                               |
| License holder<br>ADELLA ARTHUR                                                                                                                                                                                                                                                                                                                                                                                                                                 | Inspection Time<br>30                                                             | Travel Time<br>5                    | Category/Descriptive<br>MOBILE - LOW RISK     |
| Type of inspection (check all that apply)<br><input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up<br><input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation |                                                                                   | Follow-up date (if required)<br>/ / | Water sample date/result (if required)<br>/ / |

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

| Compliance Status                                             |                                                                                                                                                                                                                                 | Compliance Status                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Supervision</b>                                            |                                                                                                                                                                                                                                 | <b>Time/Temperature Controlled for Safety Food (TCS food)</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                     |
| 1                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Person in charge present, demonstrates knowledge, and performs duties                                                       | 23                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper date marking and disposition                             |
| 2                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Certified Food Protection Manager                                                                                           | 24                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Time as a public health control: procedures & records           |
| <b>Employee Health</b>                                        |                                                                                                                                                                                                                                 | <b>Consumer Advisory</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
| 3                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Management, food employees and conditional employees; knowledge, responsibilities and reporting                             | 25                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Consumer advisory provided for raw or undercooked foods                                      |
| 4                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Proper use of restriction and exclusion                                                                                     | <b>Highly Susceptible Populations</b>                                                                                                                                                                                                                                          |                                                                                                                                                                                                     |
| 5                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Procedures for responding to vomiting and diarrheal events                                                                  | 26                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Pasteurized foods used; prohibited foods not offered                                         |
| <b>Good Hygienic Practices</b>                                |                                                                                                                                                                                                                                 | <b>Chemical</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| 6                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>Proper eating, tasting, drinking, or tobacco use                                                                            | 27                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Food additives: approved and properly used                                                   |
| 7                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>No discharge from eyes, nose, and mouth                                                                                     | 28                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Toxic substances properly identified, stored, used                                           |
| <b>Preventing Contamination by Hands</b>                      |                                                                                                                                                                                                                                 | <b>Conformance with Approved Procedures</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                     |
| 8                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O<br>Hands clean and properly washed                                                                                             | 29                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan        |
| 9                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 30                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Fresh Juice Production                    |
| 10                                                            | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Adequate handwashing facilities supplied & accessible                                                                       | 31                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Heat Treatment Dispensing Freezers        |
| <b>Approved Source</b>                                        |                                                                                                                                                                                                                                 | 32                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Custom Processing                         |
| 11                                                            | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food obtained from approved source                                                                                                                       | 33                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Bulk Water Machine Criteria               |
| 12                                                            | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O<br>Food received at proper temperature                                                         | 34                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Acidified White Rice Preparation Criteria |
| 13                                                            | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food in good condition, safe, and unadulterated                                                                                                          | 35                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Critical Control Point Inspection                                                            |
| 14                                                            | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Required records available: shellstock tags, parasite destruction                           | 36                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Process Review                                                                               |
| <b>Protection from Contamination</b>                          |                                                                                                                                                                                                                                 | 37                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Variance                                                                                     |
| 15                                                            | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Food separated and protected                                                                | <p><b>Risk Factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p> |                                                                                                                                                                                                     |
| 16                                                            | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Food-contact surfaces: cleaned and sanitized                                                |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| 17                                                            | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Proper disposition of returned, previously served, reconditioned, and unsafe food                                                                        |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b> |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| 18                                                            | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper cooking time and temperatures                                                        |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| 19                                                            | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper reheating procedures for hot holding                                                 |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| 20                                                            | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper cooling time and temperatures                                                        |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| 21                                                            | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper hot holding temperatures                                                             |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| 22                                                            | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Proper cold holding temperatures                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |

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|                                                         |                                  |                           |
|---------------------------------------------------------|----------------------------------|---------------------------|
| <b>Name of Facility</b><br>FREIDET'S FANTASTICAL SWEETS | <b>Type of Inspection</b><br>sta | <b>Date</b><br>08/15/2026 |
|---------------------------------------------------------|----------------------------------|---------------------------|

| GOOD RETAIL PRACTICES                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                      |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.<br>Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: <b>IN</b> = in compliance <b>OUT</b> = not in compliance <b>N/O</b> = not observed <b>N/A</b> = not applicable |                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                      |                          |                          |
| <b>Safe Food and Water</b>                                                                                                                                                                                                                                                                                                            |                                                                                                                               | <b>Utensils, Equipment and Vending</b>                                                                                                                                                                                    |                                                                                                                                                                      |                          |                          |
| 38                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                           | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used                                                                                |                          |                          |
| 39                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |                                                                                                                                                                                                                           | Water and ice from approved source                                                                                                                                   |                          |                          |
| <b>Food Temperature Control</b>                                                                                                                                                                                                                                                                                                       |                                                                                                                               | <b>Physical Facilities</b>                                                                                                                                                                                                |                                                                                                                                                                      |                          |                          |
| 40                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 55                                                                                                                                                                                                                        | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Warewashing facilities: installed, maintained, used; test strips |                          |                          |
| 41                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 56                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Nonfood-contact surfaces clean                                                                |                          |                          |
| 42                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                           |                                                                                                                                                                      |                          |                          |
| 43                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |                                                                                                                                                                                                                           |                                                                                                                                                                      |                          |                          |
| <b>Food Identification</b>                                                                                                                                                                                                                                                                                                            |                                                                                                                               | 57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Hot and cold water available; adequate pressure                                                                    |                                                                                                                                                                      |                          |                          |
| 44                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 58 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Plumbing installed; proper backflow devices                                        |                                                                                                                                                                      |                          |                          |
| <b>Prevention of Food Contamination</b>                                                                                                                                                                                                                                                                                               |                                                                                                                               | 59 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Sewage and waste water properly disposed                                                                           |                                                                                                                                                                      |                          |                          |
| 45                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Toilet facilities: properly constructed, supplied, cleaned                                                         |                                                                                                                                                                      |                          |                          |
| 46                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 61 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Garbage/refuse properly disposed; facilities maintained                                                            |                                                                                                                                                                      |                          |                          |
| 47                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Physical facilities installed, maintained, and clean; dogs in outdoor dining areas |                                                                                                                                                                      |                          |                          |
| 48                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Adequate ventilation and lighting; designated areas used                                                                                        |                                                                                                                                                                      |                          |                          |
| 49                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Existing Equipment and Facilities                                                                                  |                                                                                                                                                                      |                          |                          |
| <b>Proper Use of Utensils</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                               | <b>Administrative</b>                                                                                                                                                                                                     |                                                                                                                                                                      |                          |                          |
| 50                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 65 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>901:3-4 OAC                                                                                                        |                                                                                                                                                                      |                          |                          |
| 51                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | 66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>3701-21 OAC                                                                                                        |                                                                                                                                                                      |                          |                          |
| 52                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |                                                                                                                                                                                                                           |                                                                                                                                                                      |                          |                          |
| 53                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                           |                                                                                                                                                                      |                          |                          |
| <b>Observations and Corrective Actions</b>                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                      |                          |                          |
| Mark "X" in appropriate box for COS and R: <b>COS</b> = corrected on-site during inspection <b>R</b> = repeat violation                                                                                                                                                                                                               |                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                      |                          |                          |
| Item No.                                                                                                                                                                                                                                                                                                                              | Code Section                                                                                                                  | Priority Level                                                                                                                                                                                                            | Comment                                                                                                                                                              | COS                      | R                        |
|                                                                                                                                                                                                                                                                                                                                       | Comment/ Obs                                                                                                                  |                                                                                                                                                                                                                           | Cheesecakes on ice = <41 F Good!                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                       | Comment/ Obs                                                                                                                  |                                                                                                                                                                                                                           | Satisfactory at time of inspection.                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                      |                                                             |
|----------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Person in Charge</b>                                              | <b>Date</b><br>08/15/2026                                   |
| <b>Environmental Health Specialist</b><br>RUSTY SCHWEPE RS/SIT# 2993 | <b>Licensors:</b><br>Sidney-Shelby County Health Department |

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL  
 As per MEA 5302B The Baldwin Group, Inc. (11/19)  
 As per AGR 1268 The Baldwin Group, Inc. (11/19)