

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                     |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------|
| Name of facility<br>JENN'S BACKSTUBE                                                                                                                                                                                                                                                                                                                                                                                                                            | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br>2026224           | Date<br>08/29/2026                            |
| Address<br>314 LINDEN AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                                    | City/State/Zip Code<br>SIDNEY OH 45365                                            |                                     |                                               |
| License holder<br>JENNIFER BOWERSOCK                                                                                                                                                                                                                                                                                                                                                                                                                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting</td> </tr> <tr> <td>4</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Proper use of restriction and exclusion</td> </tr> <tr> <td>5</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures</td> </tr> <tr> <td>21</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Certified Food Protection Manager | Employee Health |  | 3 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting | 4 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Proper use of restriction and exclusion | 5 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures | 21 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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%; 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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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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> |  |
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| Supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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Requirements: Bulk Water Machine Criteria                                           |  |             |  |   |                                                                                                                                                                        |   |                                                                                                                                    |                 |  |   |                                                                                                                                                                                                  |   |                                                                                                                                          |   |                                                                                                                                                             |                         |  |   |                            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                                                                              |  |             |  |   |                                                                                                                                                                        |   |                                                                                                                                    |                 |  |   |                                                                                                                                                                                                  |   |                                                                                                                                          |   |                                                                                                                                                             |                         |  |   |                                  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           |    |                                                                                                                 |    |                                                                                                           |                                                                                                                                                                                                                                                                                |  |
| 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review                                                                                                           |  |             |  |   |                                                                                                                                                                        |   |                                                                                                                                    |                 |  |   |                                                                                                                                                                                                  |   |                                                                                                                                          |   |                                                                                                                                                             |                         |  |   |                                  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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>JENN'S BACKSTUBE | <b>Type of Inspection</b><br>sta | <b>Date</b><br>08/29/2026 |
|---------------------------------------------|----------------------------------|---------------------------|

| 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>                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                       |
| 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                                                  |
| 39                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Water and ice from approved source                                                    |
| <b>Food Temperature Control</b>                                                                                                                                                                                                                                                                                                       |                                                                                                                               |                                                                                       |
| 40                                                                                                                                                                                                                                                                                                                                    | <input 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               |
| 41                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Plant food properly cooked for hot holding                                            |
| 42                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Approved thawing methods used                                                         |
| 43                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Thermometers provided and accurate                                                    |
| <b>Food Identification</b>                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                       |
| 44                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Food properly labeled; original container                                             |
| <b>Prevention of Food Contamination</b>                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                                       |
| 45                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Insects, rodents, and animals not present/outer openings protected                    |
| 46                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Contamination prevented during food preparation, storage & display                    |
| 47                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness                                                                  |
| 48                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Wiping cloths: properly used and stored                                               |
| 49                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Washing fruits and vegetables                                                         |
| <b>Proper Use of Utensils</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                               |                                                                                       |
| 50                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | In-use utensils: properly stored                                                      |
| 51                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Utensils, equipment and linens: properly stored, dried, handled                       |
| 52                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Single-use/single-service articles: properly stored, used                             |
| 53                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Slash-resistant, cloth, and latex glove use                                           |
| <b>Utensils, Equipment and Vending</b>                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                       |
| 54                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 55                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Warewashing facilities: installed, maintained, used; test strips                      |
| 56                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Nonfood-contact surfaces clean                                                        |
| <b>Physical Facilities</b>                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                       |
| 57                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Hot and cold water available; adequate pressure                                       |
| 58                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Plumbing installed; proper backflow devices                                           |
| 59                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Sewage and waste water properly disposed                                              |
| 60                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Toilet facilities: properly constructed, supplied, cleaned                            |
| 61                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Garbage/refuse properly disposed; facilities maintained                               |
| 62                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |
| 63                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Adequate ventilation and lighting; designated areas used                              |
| 64                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Existing Equipment and Facilities                                                     |
| <b>Administrative</b>                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                                       |
| 65                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 901:3-4 OAC                                                                           |
| 66                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | 3701-21 OAC                                                                           |

| Observations and Corrective Actions                                                                                     |              |                |                                                                                                   |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Mark "X" in appropriate box for COS and R: <b>COS</b> = corrected on-site during inspection <b>R</b> = repeat violation |              |                |                                                                                                   |                          |                          |
| Item No.                                                                                                                | Code Section | Priority Level | Comment                                                                                           | COS                      | R                        |
|                                                                                                                         | Comment/ Obs |                | Fridge = <40 (air) *Good!                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                         | Comment/ Obs |                | Note: Please ensure open food is kept covered to protect it from flies.                           | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                         | Comment/ Obs |                | Note: Waiting on decision from ODA regarding the need for temperature control of pepperoni bread. | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                           |                                                             |
|---------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Person in Charge</b>                                                   | <b>Date</b><br>08/29/2026                                   |
| <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 HEA 5302B The Baldwin Group, Inc. (11/19)  
 As per AGR 1268 The Baldwin Group, Inc. (11/19)