

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

Name of facility SHELBY COUNTY YOUTH SOCCER	Check one ☒ FSO ☐ RFE	License Number 2026280	Date 09/12/2026
Address P O BOX 4391	City/State/Zip Code SIDNEY OH 45365		
License holder PATRICIA TRAVIS	Inspection Time 30	Travel Time 5	Category/Descriptive COMMERCIAL CLASS 2 <25,000 SQ. FT.
Type of inspection (check all that apply) ☒ Standard ☐ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variance Review ☐ Follow Up ☐ Foodborne ☐ 30 Day ☐ Complaint ☐ Pre-licensing ☐ Consultation		Follow-up date (if required) / /	Water sample date/result (if required) / /

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																																																																																																									
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Name of Facility SHELBY COUNTY YOUTH SOCCER	Type of Inspection sta	Date 09/12/2026
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.
 Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

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

Observations and Corrective Actions

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

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		No TCS foods.	☐	☐
			Please ensure employee/volunteer illness reporting policies are on-site and available for review by our office. PIC recalls signing them.	☐	☐
	Comment/ Obs		Otherwise, satisfactory at time of inspection.	☐	☐
43	3717-1-04.1(Z)	NC	Temperature measuring devices - functionality	☐	☐
			Could not locate thermometer in chest freezer. Please supply.	☐	☐

Person in Charge	Date
Environmental Health Specialist RUSTY SCHWEPE RS/SIT# 2993	09/12/2026
Licenser: Sidney-Shelby County Health Department	