

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility PANTRY PRIDE	Check one <input type="radio"/> FSO <input checked="" type="radio"/> RFE	License Number 336	Date 02/25/2019
Address 1550 CELINA RD.	City/Zip Code ST. MARYS 45885		
License holder SBA REALTY, LTD.	Inspection Time 110	Travel Time 15	Category/Descriptive COMMERCIAL CLASS 3 =>25,000 SQ. FT.
Type of inspection (check all that apply) <input type="radio"/> Standard <input type="radio"/> Critical Control Point (FSO) <input type="radio"/> Process Review (RFE) <input type="radio"/> Variance Review <input type="radio"/> Follow Up <input type="radio"/> Foodborne <input type="radio"/> 30 Day <input type="radio"/> Complaint <input type="radio"/> Pre-licensing <input type="radio"/> 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

Compliance Status		Compliance Status	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	23	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition
2	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O Time as a public health control: procedures & records
Employee Health		Consumer Advisory	
3	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Consumer advisory provided for raw or undercooked foods
4	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Highly Susceptible Populations	
5	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	26	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	27	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food additives: approved and properly used
7	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	28	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Toxic substances properly identified, stored, used
Preventing Contamination by Hands		Conformance with Approved Procedures	
8	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O Special Requirements: Fresh Juice Production
10	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	31	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
Approved Source		32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O Special Requirements: Custom Processing
11	<input type="radio"/> IN <input type="radio"/> OUT	33	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O Special Requirements: Bulk Water Machine Criteria
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	34	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O Special Requirements: Acidified White Rice Preparation Criteria
13	<input type="radio"/> IN <input type="radio"/> OUT	35	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Critical Control Point Inspection
14	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	36	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Process Review
Protection from Contamination		37	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Variance
15	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
16	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
17	<input type="radio"/> IN <input type="radio"/> OUT		
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
19	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
21	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
22	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility PANTRY PRIDE	Type of Inspection	Date 02/25/2019
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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	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Pasteurized eggs used where required	
39	<input type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	
Food Temperature Control		Physical Facilities	
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Proper cooling methods used; adequate equipment for temperature control	54 <input type="radio"/> IN <input checked="" type="radio"/> OUT
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Plant food properly cooked for hot holding	55 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Approved thawing methods used	56 <input type="radio"/> IN <input type="radio"/> OUT
43	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Thermometers provided and accurate	
Food Identification		Administrative	
44	<input type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container	65 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A
Prevention of Food Contamination			
45	<input type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, and animals not present/outer openings protected	66 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A
46	<input type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	
47	<input type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	
48	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Wiping cloths: properly used and stored	
49	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils			
50	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	In-use utensils: properly stored	
51	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A	Single-use/single-service articles: properly stored, used	
53	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Slash-resistant and cloth glove use	

Observations and Corrective Actions

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

Item No.	Code Section	Priority Level	Comment	COS	R
10	3717-1-06.2(B)	NC	Handwashing cleanser - availability. No hand soap was available at front deli sink. Corrected.	<input checked="" type="radio"/>	<input type="radio"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation Breaded tenderloins were in the walk-in freezer without a cover.	<input checked="" type="radio"/>	<input type="radio"/>
21	3717-1-03.4(F)(1)(a)	C	Time/temperature controlled for safety food - hot holding. Fried chicken and wedge fries were being held in the display case at 117-126G. Because the case was on maximum, the food was removed to the oven to correct.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking. The following deli meats were not dated: bologna, ham, hot pepper chicken, turkey, and cut lettuce. If date was known, it was marked. All other foods went to trash to correct.	<input type="radio"/>	<input type="radio"/>
23	3717-1-03.4(H)	C	Ready-to-eat, time/temperature controlled for safety food - disposition. The following foods were passed the 7 day use period: deli turkey, hot dogs, and 2 containers of sliced tomatoes. These were removed to trash to correct.	<input type="radio"/>	<input type="radio"/>
50	3717-1-03.2(K)	NC	In-use utensils - between-use storage. The scoop in the breading should be stored with the handle out of the food. Corrected by placing a new scoop in the breading correctly.	<input checked="" type="radio"/>	<input type="radio"/>
52	3717-1-04.4(S)	NC	Single-service articles and single-use articles - use limitation. Old cardboard egg boxes are in the cheese cooler. These are not cleanable.	<input type="radio"/>	<input type="radio"/>
54	3717-1-04.1(KK)	NC	Food equipment - certification and classification. There are miscellaneous milk crates being used as shelving storage and coolers.	<input type="radio"/>	<input type="radio"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. The meat walk-in cooler has a build-up of ice on the unit and appears to be dripping on the shelf under it.	<input type="radio"/>	<input type="radio"/>
60	3717-1-05.4(H)	NC	Toilet room receptacle - covered. Women's restroom does not have a lidded trash can.	<input type="radio"/>	<input type="radio"/>

Person in Charge AARON LONGSWORTH RS/SIT# 3034	Date 02/25/2019
Sanitarian AARON LONGSWORTH	Licensors: Auglaize County Health Department

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL

As per HEA 5302B The Baldwin Group, Inc. (7/18)

As per AGR 1268 The Baldwin Group, Inc. (7/18)

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility PANTRY PRIDE			Type of Inspection		Date 02/25/2019	
Observations and Corrective Actions (continued)						
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	
62	3717-1-06.4(A)	NC	Repairing. There are several roof leaks in the office and rear storage area.	<input type="radio"/>	<input type="radio"/>	
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. The floors in the following areas are dirty: under the deli cooler, under the deli back counter, under the deli sinks.	<input type="radio"/>	<input type="radio"/>	

Person in Charge			Date 02/25/2019	
Sanitarian AARON LONGSWORTH RS/SIT# 3034		Licensor: Auglaize County Health Department		

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL

As per HEA 5351 The Baldwin Group, Inc. (7/18)

As per AGR 1268 The Baldwin Group, Inc. (7/18)