

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility SIKORSKI'S FAMILY RESTAURANT	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 56	Date 08/26/2021
Address 301 S. THIRD ST. PO BOX 315	City/State/Zip Code RACINE OH 45771		
License holder STEPHANIE SIKORSKI	Inspection Time 90	Travel Time 30	Category/Descriptive CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) 08/30/2021	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	
<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	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		<b>Chemical</b>	
<b>Good Hygienic Practices</b>		27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Approved Source</b>		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
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 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			
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> SIKORSKI'S FAMILY RESTAURANT	<b>Type of Inspection</b> sta com ccp	<b>Date</b> 08/26/2021
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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="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		60	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils			
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		

## 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		Complaint concerned presence of cock roaches. Terminex is employed to provide pest control.	<input type="checkbox"/>	<input type="checkbox"/>
8	3717-1-02.2(D)	C	Hands and arms: where to wash. OBSERVED THE ONLY HANDSINK AVAILABLE TO KITCHEN AND WAIT STAFF (OTHER THAN CUSTOMER RESTROOM) IS OUT OF ORDER. KITCHEN EMPLOYEES REPORT USING 3 COMPARTMENT SINK AS HAND WASH STATION. PIC REPORTS REPAIRMAN HAS BEEN CONTACTED TO FIX THE HANDSINK.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	3717-1-05.1(O)(1)	C	Using a handwashing sink - accessible at all times OBSERVED ONLY HANDSINK FOR KITCHEN EMPLOYEES IS OUT OF ORDER. PIC REPORTS REPAIRMAN HAS BEEN CONTACTED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. OBSERVED CARTONS OF RAW EGGS STORED ABOVE CUT WATERMELON AND RAW TURKEY STORED ON PAN ABOVE MARGARINE IN WALK IN COOLER. BOTH ITEMS RELOCATED AT TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking. OBSERVED SIRLOIN GRAVY AND TOMATO CUCUMBER SALAD STORED IN UPRIGHT COOLER WITHOUT DATE MARK. DATE MARKS ADDED TO ALL FOODS NEEDING THEM AT TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(H)	C	Ready-to-eat, time/temperature controlled for safety food - disposition. OBSERVED COLE SLAW DATED 8/17 STILL IN COOLER. IT WAS DISCARDED AT TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07.1(A)	C	Poisonous or toxic materials - Storage: separation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 08/26/2021
<b>Sanitarian</b> DAWN KELLER, RS      RS/SIT# 3768	<b>Licensors:</b> Meigs 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)

# State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility SIKORSKI'S FAMILY RESTAURANT			Type of Inspection sta com ccp	Date 08/26/2021	
<b>Observations and Corrective Actions (continued)</b>					
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
			OBSERVED CAN OF SPRAY PAINT STORED ON UPPER SHELF OF DRY STORAGE RACK ABOVE AND NEXT TO FOOD ITEMS. PAINT MOVED TO LOWER SHELF AT TIME OF INSPECTION.		
35	CCP-III.0004		Preventing Contamination by Hands: Food employee(s) are not using proper procedure when washing hands and arms. OBSERVED EMPLOYEE USE 3 COMP SINK FOR HAND WASHING. HAND WASHING SHOULD ONLY BE DONE IN DESIGNATED HANDSINKS, THIS IS TO LIMIT THE SPREAD OF PATHOGENS WITHIN THE FACILITY.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-III.0008		Preventing Contamination by Hands: The hand washing sink(s) were not accessible for convenient use by employees. OBSERVED NO ACCESSIBLE HANDSINK FOR EMPLOYEES. KITCHEN AND SERVICE STAFF MUST HAVE A FUNCTIONING HANDSINK ACCESSIBLE AT ALL TIMES TO ENCOURAGE PROPER AND ADEQUATE HANDWASHING.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0003		Food: Foods in frozen storage exhibit signs of thawing or refreezing. OBSERVED ITEMS IN BOTH UPRIGHT FREEZERS WERE NOT FROZEN SOLID. KEEPING FROZEN FOODS FROZEN SOLID WILL LIMIT THE GROWTH OF SOME BACTERIA. ALLOWING THE FOODS TO THAW BEGINS THE START OF THE 7 DAY DATEMARK WINDOW, FOODS ALLOWED TO THAW IN POORLY FUNCTIONING FREEZERS WILL NOT HAVE THE PROPER DATING NEEDED TO LIMIT PATHOGENS.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0011		TCS Food: Ready-to-eat, TCS food that had been date marked was not properly discarded when required. OBSERVED COLE SLAW NOT DISCARDED WHEN NEEDED. THIS CAN LEAD TO ACCIDENTALLY SERVING OLD FOOD TO CUSTOMERS, WHICH INCREASES THE CHANCE OF FOOD BORNE ILLNESS.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0012		TCS Food: Refrigerated, ready-to-eat, TCS foods held refrigerated for more than 24 hours were not properly date marked. OBSERVED ITEMS IN COOLERS WITH OUT DATE MARKS. THIS ALSO LEADS TO CUSTOMERS BEING SOLD FOODS THAT HAVE HAD OPPORTUNITY TO MULTIPLY PATHOGENS TO UNSAFE LEVELS. NOT ALL PATHOGENS CAN BE SEEN AND SMELLED.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0001		Protection from Contamination: Observed food that was not properly protected from contamination by separation, packaging, and segregation. OBSERVED RAW ANIMAL FOODS BEING STORED ABOVE READY TO EAT ITEMS IN WALK IN COOLER. THIS CAN LEAD TO ACCIDENTAL CONTAMINATION OF THE READY TO EAT ITEMS WITH JUICES FROM THE RAW PRODUCTS. SINCE THE READY TO EAT ITEMS HAVE NO FURTHER COOKING TO KILL THE GERMS, PEOPLE CAN BECOME SICK FROM CONSUMING THEM AFTER THE CONTAMINATION.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-X.2		Chemical: Observed toxic materials improperly identified, stored and used. OBSERVED SPRAY PAINT STORED ON UPPER SHELF OF DRY STORAGE RACK. ALWAYS STORE CHEMICALS ON LOWEST SHELVING TO PREVENT CONTAMINATION OF FOOD AND FOOD CONTACT SURFACES.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.1(K)	NC	Insect control devices - design and installation. OBSERVED GLUE TRAP LOCATED ABOVE FOOD PREP AREA (DIRECTLY ON FOOD PREP TABLE). PIC PLACED TRAP ON FLOOR AT TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.4(K)	C	Controlling pests. OBSERVED COCK ROACH RUN UNDER UPRIGHT COOLER IN KITCHEN. RECEIPTS SHOWING PROFESSIONAL PEST MANAGEMENT HAS BEEN ONGOING ALSO OBSERVED AT TIME OF INSPECTION. TREATMENT FOR ROACHES INCLUDED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED ACCUMULATION OF GREASE AND FOOD DEBRIS ON EXTERIOR SURFACES OF KITCHEN EQUIPMENT, COOLERS, WARMERS, OVENS, ETC.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED KITCHEN/SERVER HAND SINK IS OUT OF ORDER. FAUCET OF 3 COMP SINK HAS A CONTINUOUS DRIP.	<input type="checkbox"/>	<input type="checkbox"/>
60	3717-1-05.4(H)	NC	Toilet room receptacle - covered.	<input type="checkbox"/>	<input type="checkbox"/>
Person in Charge				Date 08/26/2021	
Sanitarian DAWN KELLER, RS      RS/SIT# 3768			Licensor: Meigs County Health Department		

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

As per HEA 5351 The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)

# State of Ohio Continuation Report

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<b>Observations and Corrective Actions (continued)</b>					
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
			OBSERVED NO COVERED RECEPTACLE IN RESTROOM		
62	3717-1-06.4(A)	NC	Repairing. OBSERVED STAINED CEILING TILES IN KITCHEN, DINING AREA, AND RESTROOMS.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED ACCUMULATION OF GREASE AND FOOD DEBRIS ON FLOORS AND WALLS IN KITCHEN AREA. EMPLOYEES REPORT MOPPING KITCHEN ONLY 2-3 TIMES PER WEEK.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(F)	NC	Drying mops. OBSERVED MOPS LEFT IN MOP BUCKETS TO DRY, REPORTEDLY OVERNIGHT.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(N)	NC	Maintaining premises - unnecessary items and litter. OBSERVED TWO MOP BUCKETS OF DIRTY WATER WITH MOPS LEFT IN THE RINGERS. ONE IS REPORTED TO BE FROM MONDAY NIGHT AND THE OTHER IS FROM LAST NIGHT.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge 		Date 08/26/2021
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