

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

Name of facility COURT STREET GRILL	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 71	Date 12/09/2022
Address 112 COURT STREET	City/State/Zip Code POMEROY OH 45769		
License holder MOON GOONS, INC - JACKIE WELKER	Inspection Time 100	Travel Time 5	Category/Descriptive CLASS 3 <25,000 SQ. FT.
Type of inspection (check all that apply) <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 <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) //	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 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
5	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> IN <input 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		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input 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
Approved Source		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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A <input 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	
Protection from Contamination		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>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="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures			
22	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

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Name of Facility COURT STREET GRILL	Type of Inspection sta	Date 12/09/2022
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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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Pasteurized eggs used where required		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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
	Water and ice from approved source		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
	Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Plant food properly cooked for hot holding		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
	Approved thawing methods used		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
	Thermometers provided and accurate		Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Toilet facilities: properly constructed, supplied, cleaned
	Food properly labeled; original container	61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination			Garbage/refuse properly disposed; facilities maintained
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
	Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Personal cleanliness		Existing Equipment and Facilities
48	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
	Wiping cloths: properly used and stored	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		901:3-4 OAC
	Washing fruits and vegetables	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils			3701-21 OAC
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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		
	Utensils, equipment and linens: properly stored, dried, handled		
52	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		
	Single-use/single-service articles: properly stored, used		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Slash-resistant, cloth, and latex 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
5	3717-1-02.4(C)(17)	NC	Management and personnel: supervision. OBSERVED THERE WAS NO VOMIT/DIARRHEA KIT OR PROCEDURES AT THE TIME OF INSPECTION.	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(C)	NC	Handwashing sinks - hand drying provision. OBSERVED THAT THERE WERE NO PAPER TOWELS AVAILABLE AT THE HANDWASHING SINK. PAPER TOWELS WERE REPLACED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	3717-1-03	NC	Food - safe, unadulterated, and honestly presented OBSERVED SPENT CUCUMBERS AND GREEN PEPPERS THAT HAVE NOT BEEN DISCARDED. PIC DISCARDED OF BOTH ITEMS AT THE TIME OF INSPECTION.	<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 MULTIPLE FOOD ITEMS THAT WERE EXPOSED TO POSSIBLE CONTAMINATION DUE TO OPEN PACKAGING AND CONTAINER LIDS NOT BEING PROPERLY SECURED. PIC MADE SURE ALL WRAPPERS/CONTAINERS WERE CLOSED AND ALL FOOD ITEMS WERE PROTECTED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(C)	NC	Cooking and baking equipment - cleaning frequency OBSERVED PIZZA PANS THAT HAVE BAKED ON BUILD-UP.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge ELIZABETH TEAFORD	Date 12/09/2022
RS/SIT# EHSIT22-4939	Licensors: 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
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Name of Facility COURT STREET GRILL			Type of Inspection sta	Date 12/09/2022	
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
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding. OBSERVED FRENCH FRIES ON COUNTER WAITING TO BE COOKED TEMPING AT 58.2F. NEED TO BE STORED AT 41F OR LOWER UNTIL READY TO COOK. PIC PUT FRIES IN COOLER 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 MULTIPLE TCS ITEMS IN EVERY COOLER THAT NEEDED DATE MARKING. PIC PUT DATES ON ALL ITEMS AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation. OBSERVED WET CLOTH BEING USED TO WIPE COUNTERS BEING STORED ON THE COUNTER. WIPING CLOTHS NEED TO BE STORED IN A SANITIZING SOLUTION IN BETWEEN USES. CLOTHES WAS REMOVED AND PUT WITH OTHER DIRTY LINENS AT TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(A)	NC	Equipment and utensils - air-drying required. OBSERVED FOOD STORAGE CONTAINERS BEING STACKED WHILE THEY ARE DRYING, HOLDING MOISTURE BETWEEN BOTH CONTAINERS. ITEMS WERE RE-WASHED AND SANITIZED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(E)(2)	NC	Clean equipment and utensils stored in a self-draining position and covered or inverted. OBSERVED BOWLS FOR FOOD PREP ON SHELF UNDER PIZZA OVER STORED UPRIGHT AND NOT PROTECTED FROM POSSIBLE CONTAMINATION.	<input type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.4(S)	NC	Single-service articles and single-use articles - use limitation. OBSERVED FOOD ITEMS BEING STORED IN THEIR ORIGINAL CANS AFTER OPENING. SINGLE-USE ITEMS ARE NOT TO BE REUSED.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(B)	NC	Cutting surfaces. OBSERVED CUTTING BOARDS WITH HEAVY SCORING, STARTING TO HOLD DEBRIS.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices. OBSERVED THERE WERE NO SANTIZER TEST STRIPS. PIC WAS SUPPLIED WITH TEST STRIPS AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED THE INSIDE OF THE PIZZA OVENS WITH BURNT FOOD DEBRIS BUILD-UP IN THE BOTTOM. NEEDS TO BE CLEANED OUT MORE FREQUENTLY.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED PIPES UNDER SINK AT BAR AND 3-COMPARTMENT SINK IN KITCHEN ARE LEAKING. OBSERVED PIPES BESIDE STAIRS TO BASEMENT ARE LEAKING.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(F)(1)	NC	Outside receptacles - tight fitting lids OBSERVED SPENT COOKING OIL DUMPSTERS DID NOT HAVE LID SECURED ON TOP AND OIL WAS EXPOSED TO POSSIBLE PESTS.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions.	<input type="checkbox"/>	<input type="checkbox"/>
Person in Charge				Date 12/09/2022	
Sanitarian ELIZABETH TEAFORD			RS/SIT# EHSIT22-4939	Licensors: Meigs County Health Department	

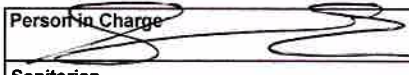
PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

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

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

State of Ohio
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Name of Facility COURT STREET GRILL			Type of Inspection sta	Date 12/09/2022	
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
			OBSERVED FOOD AND DEBRIS BUILD-UP UNDER PREP TABLES, EQUIPMENT, AND ON FLOOR. OBSERVED LARGE AREA OF STANDING OIL IN THE BACK CORNER OF KITCHEN AREA.		
62	3717-1-06.4(N)	NC	Maintaining premises - unnecessary items and litter. OBSERVED LOTS OF UNNECESSARY ITEMS BEING STORED OUT BACK, MAKING IT HARD TO CLEAN IN THE AREA. OBSERVED MULTIPLE FOOD EQUIPMENT AND UTENSILS NO LONGER BEING USED AND TAKING UP SPACE IN THE KITCHEN INCLUDING 2 POTATO CUTTERS.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge 		Date 12/09/2022
Sanitarian ELIZABETH TEAFORD	RS/SIT# EHSIT22-4939	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)