

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility TACO BELL	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 73	Date 12/06/2022
Address 420 WEST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder DAN CROW	Inspection Time 110	Travel Time 10	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 type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) 12/13/2022	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   Proper date marking and disposition
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   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>	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Pasteurized foods used; prohibited foods not offered
<b>Good Hygienic Practices</b>		<b>Chemical</b>	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Food additives: approved and properly used
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Toxic substances properly identified, stored, used
<b>Preventing Contamination by Hands</b>		<b>Conformance with Approved Procedures</b>	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	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
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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
<b>Approved Source</b>		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   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   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   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   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   Process Review
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Variance
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
<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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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		

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<b>Name of Facility</b> TACO BELL	<b>Type of Inspection</b> sta ccp	<b>Date</b> 12/06/2022
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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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Nonfood-contact surfaces clean	
Proper cooling methods used; adequate equipment for temperature control		Physical Facilities	
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
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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input 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
	Comment/ Obs		CCP POSITIVE COMMENT: ALL TEMPERATURES WERE GOOD FOR ITEMS IN HOT AND COLD HOLDING.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.4(N)(3)	C	Manual and mechanical warewashing equipment, using chemical sanitization (quaternary ammonium) - temp., pH, concentration, and hardness.  OBSERVED SANITIZING SOLUTION BEING USED TO SANITIZE EQUIPMENT AND FOOD UTENSILS HAD LITTLE TO NO SANITIZER PRESENT. PIC ASKED WHEN SANITIZING SOLUTION WAS CHANGED AND FOUND IT HAD NOT BEEN CHANGED SINCE THAT MORNING. SANITIZING SOLUTION WAS CHANGED AND UTENSILS WERE RE-SANTIZED AT TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils.  OBSERVED STORAGE CONTAINERS AND OTHER FOOD UTENSILS INCLUDING SAUCE BOTTLE LIDS WITH ENCRUSTED DEBRIS AND GREASE BUILD-UP. PIC STARTED TO REMOVE SOILED ITEMS FOR WASHING AT TIME OF INSPECTION.  OBSERVED POP DISPENSER NOZZLES WITH SYRUP BUILD-UP AND MOLD-LIKE SUBSTANCE.	<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 BAGS OF SHREDDED CHEESE, BACON, AND TUB OF GUACAMOLE WITHOUT DATE MARKING. PIC ADDED DATE MARKING STICKERS AT TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>		<b>Date</b> 12/06/2022
Sanitarian ELIZABETH TEAFORD	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**  
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility TACO BELL		Type of Inspection sta ccp	Date 12/06/2022		
<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
35	CCP-VI.0018		TCS Food: Observed hot foods being held at 135 F or above; cold foods being held at 41 F or below.  OBSERVED TCS FOODS PROPERLY HOT AND COLD HOLDING AT THE FOLLOWING TEMPERATURES:  HOT HOLDING: REFRIED BEANS 160.5F, POTATOES 207F, TACO MEAT (LINE 1) 162.5F (LINE 2) 167F  COLD HOLDING: GUACAMOLE IN WALK-IN COOLER 38F, SHREDDED CHEESE IN WALK-IN COOLER 38.5F, SHREDDED CHEESE (LINE 1) 38F, LETTUCE IN BAG BELOW LINE 1 39F, BAG OF SHREDDED CHEESE BELOW LINE 1 38F, TOMATOES (LINE 2) 37F	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0002		Protection from Contamination: Equipment food-contact surfaces or utensils are dirty.  OBSERVED MULTIPLE STORAGE CONTAINERS AND FOOD UTENSILS WITH ENCRUSTED DEBRIS AND GREASE BUILD-UP. OBSERVED POP NOZZLES WITH SYRUP BUILD-UP AND MOLD-LIKE SUBSTANCE. EQUIPMENT FOOD-CONTACT SURFACES SHOULD BE CLEAN TO SIGHT AND TOUCH, AND BE CLEANED FREQUENTLY TO PREVENT SUCH BUILD-UP IN ORDER TO PREVENT THE SPREAD OF BACTERIA THAT CAN LEAD TO A FOODBORNE ILLNESS.	<input checked="" 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 BAGS OF SHREDDED CHEESE AND BACON, AND A CONTAINER OF GUACAMOLE STORED IN WALK-IN COOLER WITHOUT DATE MARKING. ALL TCS FOODS NEED TO BE PROPERLY DATE MARKED TO ENSURE FOOD IT DISCARDED WHEN REQUIRED. IF NOT DISCARDED BY THE APPROPRIATE TIME, BACTERIA CAN GROW TO UNSAFE LEVELS AND HAVE THE POSSIBILITY TO CAUSE A FOODBORNE ILLNESS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0005		Protection from Contamination: Equipment food-contact surfaces and utensils were not being sanitized.  OBSERVED THE SANITIZING SOLUTION TO SANITIZE FOOD-CONTACT SURFACE OF EQUIPMENT AND UTENSILS HAD LITTLE TO NO SANITIZER CONCENTRATION. SANITIZING EQUIPMENT AND UTENSILS USED IN FOOD STORAGE, PREPERATION, AND HOLDING IS ESSENTIAL IN PREVENTING THE SPREAD OF BACTERIA. THE SANITIZING SOLUTION IS USED TO ENSURE BACTERIA ON SURFACES OF EQUIPMENT ARE KILLED DURING THE SNAITIZING PROCESS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(A)	NC	Equipment and utensils - air-drying required.  OBSERVED FOOD STORAGE CONTAINERS AND SAUCE BOTTLE LIDS STORED WITH WATER DROPLETS INSIDE. EQUIPMENT AND UTENSILS MUST BE FULLY DRIED BEFORE BEING STORED.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency.  OBSERVED SHELVING WHERE CLEAN EQUIPMENT AND UTENSILS ARE STORED, COVERED IN A GREASE BUILD-UP. NEEDS TO BE CLEANED MORE FREQUENTLY.  OBSERED ENCRUSTED GREASE BUILD-UP ON VENTS ON BACK OF FRYER.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(P)	NC	Maintaining refuse areas and enclosures.  OBSERVED TRASH ITEMS AROUND OUTSIDE DUMPSTERS WITHIN ENCLOSURE FENCE.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge		Date 12/06/2022
Sanitarian ELIZABETH TEAFORD	RS/SIT# EHSIT22-4939	Licensor: Meigs County Health Department

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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**  
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility TACO BELL			Type of Inspection sta ccp	Date 12/06/2022	
<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 BURNT LIGHTBULBS IN WOMEN'S BATHROOM AND THREE BURNT LIGHTBULBS IN DINING AREA.		
62	3717-1-06.4(F)	NC	Drying mops.	<input type="checkbox"/>	<input type="checkbox"/>
			OBSERVED MOPS HANGING ABOVE UTILITY SINK WAS STARTING TO DRIP WATER ONTO FLOOR.		
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions.	<input type="checkbox"/>	<input type="checkbox"/>
			OBSERVED DEBRIS BUILD-UP UNDER STORAGE RACKS THROUGHOUT FACILITY AND UNDER SHELVES IN WALK-IN FREEZER. NEEDS CLEANED OUT FROM UNDER STORAGE RACKS MORE FREQUENTLY.		
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			OBSERVED BUILD-UP OF GREASE ON HOOD ABOVE FRYER IS STARTING TO HAVE DRIPS. PIC SCHEDULED MAINTENANCE FOR CLEANING LATER THIS MONTH.		

Person in Charge		Date 12/06/2022
Sanitarian ELIZABETH TEAFORD	RS/SIT# EHSIT22-4939	Licensors: Meigs County Health Department

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 As per HEA 5351 The Baldwin Group, Inc. (11/19)  
 As per AGR 1268 The Baldwin Group, Inc. (11/19)