

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility POWELL'S FOODFAIR	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 25	Date 01/20/2023
Address 700 EAST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder CHARLES T. FORTH	Inspection Time 250	Travel Time 9	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) 01/27/2023	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 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		Chemical	
Good Hygienic Practices		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		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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility POWELL'S FOODFAIR	Type of Inspection sta	Date 01/20/2023
---------------------------------------	---------------------------	--------------------

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		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 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" 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 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 checked="" type="checkbox"/> OUT <input 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 type="checkbox"/> N/A <input checked="" 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
10	3717-1-05.1(C)	NC	Handwashing sink - installation. OBSERVED NO HOT WATER AVAILABLE AT HANDSINK IN VEGGIE PREP AREA.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils. OBSERVED MEAT SLICER IN MEAT PREP AREA WITH FOOD DEBRIS LEFT FROM PREVIOUS DAY. SLICER WAS CLEANED AND SANITIZED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(B)	C	Equipment food-contact surfaces and utensils - cleaning frequency. OBSERVED MEAT GRINDER IN MEAT COOLER WAS ONLY BEING CLEANED EVERY 2 DAYS. CLEANING FREQUENCY WILL HAVE TO BE INCREASE TO MATCH THE FREQUENCY CHART BELOW, AND CLEANING LOG WILL HAVE TO BE ADDED IN THE FACILITY. 3717-1-04.5.B.4.b: Utensils and equipment are used to prepare food in a refrigerated room or area that is maintained at one of the temperatures in the following chart and: 3717-1-04.5.B.4.b.i: The utensils and equipment are cleaned at the frequency in the following chart that corresponds to the temperature: Ambient temperature Cleaning frequency 41F (5.0 C) or less 24 hours >41F - 45F (> 5.0 C - 7.2 C) 20 hours >45 F - 50 F (>7.2 C - 10.0 C) 16 hours	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 01/20/2023
Environmental Health Specialist ELIZABETH TEAFORD RS/SIT# EHSIT22-4939	Licensor: 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 POWELL'S FOODFAIR		Type of Inspection sta	Date 01/20/2023		
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
			>50 F - 55 F (>10.0 C - 12.8 C) 10 hours and 3717-1-04.5.B.4.b.ii: The cleaning frequency based on the ambient temperature of the refrigerated room or area is documented in the food service operation or retail food establishment.		
21	3717-1-03.4(F)(1)(a)	C	Time/temperature controlled for safety food - hot holding. OBSERVED ROTISSERIE CHICKEN HOT HOLDING AT 115.5F. CHICKENS WERE REMOVED TO BE REHEATED AT THE TIME OF INSPECTION AND PLACED IN A HOT HOLDING BOX THAT WAS PROPERLY HOLDING TEMPERATURE.	<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 PORK TRIMMINGS USED FOR GROUND SAUSAGE AND OPEN WHOLE HAM USED FOR HAM LOAF ON SHELF WITHOUT DATE MARKING. DATES WERE ADDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07.2	C	Poisonous or toxic materials: storage and display - separation. OBSERVED HANDSOAP STORED IN SAME CART AS ON SALE FOOD ITEMS. HAND SOAP WAS MOVED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42	3717-1-03.4(C)	NC	Thawing - temperature and time control. OBSERVED WHOLE FROZEN ROTISSERIE CHICKENS IN BOX ON SHELF TO THAW AT ROOM TEMP. CHICKENS WERE PLACED BACK IN WALK-IN COOLER AT THE TIME OF INSPECTION. OBSERVED PORK JOWLS LEFT ON COUNTER TO THAW. PORK WAS PLACED BACK IN MEAT COOLER AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - preventing contamination from the premises. OBSERVED WATER DRIPPING FROM COOLING UNIT/CEILING IN WALK-IN FREEZER ONTO WHOLE FROZEN TURKEYS. TURKEYS NEED TO BE MOVED TO DIFFERENT LOCATION TO PREVENT ACCUMULATION OF ICE FROM COOLING UNIT. OBSERVED MILK/CREAMER STORED DIRECTLY ON FLOOR OF WALK-IN MILK COOLER.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.7(C)	NC	Storage of soiled linens - methods. OBSERVED SOILED TOWELS STORED/STUFFED INSIDE RACK BESIDE UTILITY SINK IN BACK STORAGE AREA.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.7(B)	NC	Frequency of laundering - specifications. OBSERVED TOWEL COVERING CLEAN STORAGE CONTAINERS UNDER 3-COMPARTMENT SINK STARTING TO BECOME SOILED WITH FLOUR. TOWEL SHOULD BE LAUNDERED WHEN VISIBLY SOILED.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability OBSERVED DUCT TAPE USED ON WALL AND CAKE PREP AREA OF DELI AS A REPAIR. TAPE IS AN UNCLEANABLE SURFACE AND SHOULD NOT BE USED. OBSERVED SHELVES IN MEAT COOLER COVERED IN CARDBOARD. CARDBOARD IS A NONCLEANABLE SURFACE AND SHOULD NOT BE USED.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. OBSERVED 3-COMPARTMENT SINK IN VEGGIE PREP AREA WITH RUST ON OUTSIDE. OBSERVED THERE WERE NO WORKING DRAIN PLUGS TO HOLD WATER IN 3-COMPARTMENT SINK FOR WASHING FOOD PREP UTENSILS IN VEGGIE PREP ROOM. OBSERVED PREP COOLER USED FOR PIZZA AND SALAD ITEMS HAS BROKEN/RIPPED SEAL AROUND LEFT DOOR. OBSERVED PIZZA OVEN BROKEN AND NOT IN USE DUE TO OVEN NOT REACHING APPROPRIATE TEMPERATURE.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge		Date 01/20/2023
Environmental Health Specialist 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
Continuation Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility POWELL'S FOODFAIR		Type of Inspection sta	Date 01/20/2023		
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 VEGGIE PREP/PACKING AREA HAS NO SANTIZER TEST STRIPS. OBSERVED DELI AREA HAS TEST STRIPS BUT THEY ARE EXPIRED SINCE JULY 2022.		
55	3717-1-04.2(J)	NC	Equipment, utensils, and linens: numbers and capacities. OBSERVED DISH SOAP WAS NOT AVAILABLE IN THE VEGGIE PREP AREA, AND EQUIPMENT/UTENSILS WERE BEING WASHED WITH HAND SOAP.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.5(J)	NC	Rinsing procedures. OBSERVED DELI WAS NOT RINSING DETERGANT FROM DISHES/UTENSILS BETWEEN THE WASH AND SANTIZE STEP.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED FOOD DEBRIS LEFT ON BOTTOM OF COOLER WHERE HALF HAMS ARE. OBSERVED PAPER UNDER STEAKS/ROASTS/PORK IS SOILED WITH BLOOD STAINS THROUGHOUT COOLER.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED 3-COMPARTMENT SINKS IN VEGGIE PREP AREA AND IN DELI WITH LEAKS. OBSERVED HANDICAP/FAMILY RESTROOM WITH 'OUT OF ORDER' SIGN ON DOOR.	<input type="checkbox"/>	<input type="checkbox"/>
60	3717-1-05.4(H)	NC	Toilet room receptacle - covered. OBSERVED THE WOMEN'S RESTROOM DOES NOT HAVE A TRASH CAN WITH A COVERING/LID.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(P)	NC	Maintaining refuse areas and enclosures. OBSERVED LARGE AMOUNT OF TRASH SCATTERED ALONG HILLSIDE BEHIND DUMPSTER.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. OBSERVED SOILED CEILING TILES AT FRONT ENTRANCE AND IN EMPLOYEE BREAK ROOM. OBSERVED DOOR IS BROKEN TO ENTRANCE OF BACK DRY/POP STORAGE AREA.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED FLOOR DRAIN BESIDE 3-COMPARTMENT SINK IN VEGGIE PREP AREA WITH BUILD-UP. NEEDS CLEANED/WASHED OUT MORE FREQUENTLY. OBSERVED DEBRIS BUILD-UP IN HANDWASH SINK IN MEN'S RESTROOM.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(N)	NC	Maintaining premises - unnecessary items and litter. OBSERVED UNNECESSARY ITEMS/CLUTTER IN BACK POP/DRY STORAGE AREA BEHIND WALK-IN VEGGIE COOLER. CLUTTER CAN MAKE NECESSARY CLEANING HARD/IMPOSSIBLE.	<input type="checkbox"/>	<input type="checkbox"/>
65	901:3-4-15(B)	C	Embargoing of food due to adulteration, misbranding, or expired baby formula or baby foods OBSERVED BABY FOOD FRUIT PACKETS THAT EXPIRED ON DECEMBER 28TH, 2022. ITEMS WERE DISCARDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge 	Date 01/20/2023
Environmental Health Specialist 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)

**Voluntary Destruction of Unfit Products
Found by Licensor Representative**

Date 01/20/2023

In possession of (Name of License Holder) CHARLES T. FORTH

Address 700 EAST MAIN STREET POMEROY, OH 45769

Product(s) and estimated amount in pounds, cases, bottles, etc.

17 PEAR BABY FOOD POUCHES
18 APPLE BABY FOOD POUCHES

Reason for unfitness

EXPIRED ON DECEMBER 28, 2022

Method of destruction

DISCARDED IN TRASH AT THE TIME OF INSPECTION

Remarks

Signature of License Holder or Person in Charge



Title RSSD MANAGER

ELIZABETH TEAFORD