

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 53	Date 01/17/2023
Address 301 S. THIRD ST. PO BOX 315	City/State/Zip Code RACINE OH 45771		
License holder STEPHANIE SIKORSKI	Inspection Time 110	Travel Time 16	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) //	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 type="checkbox"/> N/A <input checked="" 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 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	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 checked="" type="checkbox"/> IN <input 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 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 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	<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>	
Food separated and protected			
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 type="checkbox"/> IN <input checked="" 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	Variance	
Proper cooking time and temperatures			
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 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 SIKORSKI'S FAMILY RESTAURANT	Type of Inspection sta ccp	Date 01/17/2023
---	--------------------------------------	---------------------------

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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Food properly labeled; original container		61	<input checked="" type="checkbox"/> IN <input 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 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 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 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 TEMPS WERE GOOD AND PIC WAS KNOWLEDGABLE ABOUT TEMPERATURES. PIC STATED THEY PLAN TO PURCHASE FOOD THERMOMETERS AND ICE WANDS TO FACILITATE BETTER METHODS FOR COOLING DOWN TCS FOODS SUCH AS SOUPS AND SAUSAGE GRAVY.	<input type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. OBSERVED BOX OF STEAKS NOT COVERED OR PROTECTED BY PLASTIC IN FREEZER. STORAGE BAG SECURED AT THE TIME OF INSPECTION. OBSERVED COOKED POTATOES IN WALK-IN COOLER WITHOUT COVERING/LID. POTATOES COVERED AT THE 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 DEBRIS BUILD-UP ON FOOD UTENSILS AND INSIDE CONTAINER WHERE UTENSILS ARE STORED. UTENSILS WERE REMOVED FOR REWASHING AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	3717-1-03.6(A)	C	Discarding/reconditioning unsafe, adulterated, or not honestly presented food OBSERVED CONTAINER WITH OLD BISCUIT STORED ON UTENSIL SHELF. ITEM WAS DISCARDED AT THE 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 LUNCH MEAT IN PREP COOLER WITHOUT DATE MARKING. DATES WERE ADDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07.1(M)	NC	Medicines - restrictions and storage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 01/17/2023
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		Type of Inspection	Date		
SIKORSKI'S FAMILY RESTAURANT		sta ccp	01/17/2023		
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 MEDICINE BOTTLE STORED ON SHELF ABOVE PREP COOLER. ITEM WAS REMOVED AT THE TIME OF INSPECTION.		
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 LUNCH MEAT IN PREP COOLER THAT DID NOT HAVE A DATE MARK. TCS FOODS HELD LONGER THAN 24 HOURS NEED TO BE DATE MARKED WITH THE DATE THAT ITEM NEEDS DISCARDED. THIS IS TO ENSURE PATHOGENS DO NOT GROW TO UNSAFE LEVELS THAT HAVE THE POTENTIAL TO CAUSE A FOODBORNE ILLNESS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 THE FOLLOWING FOODS PROPERLY HOT AND COLD HOLDING AT THE FOLLOWING TEMPERATURES: HOT HOLDING: PORK CHOPS 141F, BEAN SOUP 152F, BROWN GRAVY 144F COLD HOLDING: SHOPPED LETTUCE IN PREP COOLER 38.5F, JUG OF MILK IN WALK-IN COOLER 40F, COLESLAW IN GLASS COOLER 39F	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0002		Protection from Contamination: Equipment food-contact surfaces or utensils are dirty. OBSERVED UTENSILS WITH DEBRIS STILL ON SURFACES. IT IS IMPORTANT TO ENSURE ALL ITEMS ARE THOROUGHLY CLEANED TO ELIMINATE THE GROWTH OF PATHOGENS ON LEFTOVER FOOD DEBRIS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0006		Protection from Contamination: Unsafe food was not discarded or properly reconditioned. OBSERVED OLD BISCUITS IN STORAGE CONTAINER THAT WERE NOT DISCARDED. ITEMS SHOULD BE DISCARDED TO ELIMINATE THE POSSIBILITY OF CONTAMINATION FROM UNSAFE FOOD NEAR FOOD ITEMS OR NEAR UTENSILS USED FOR FOOD SERVICE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0003		Protection from Contamination: Observed improper storage of food items. OBSERVED BAG OF POTATOES STORED DIRECTLY ON FLOOR. FOOD ITEMS SHOULD BE STORED AT LEAST 6 INCHES OFF THE FLOOR SO NO CONTAMINATION FROM THE PREMISES COULD OCCUR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.2(G)	NC	Food temperature measuring devices. OBSERVED THERE WERE NO THERMOMETERS AVAILABLE TO CHECK THE TEMPERATURE OF FOOD AT THE FACILITY.	<input type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.2(D)	NC	Food Storage Containers - Identified with Common Name of Food OBSERVED INDIVIDUALLY PACKAGED MEATS IN FREEZERS BEHIND GRILL AND INSIDE DEEP FREEZERS IN DRY STORAGE AREA WITHOUT COMMON NAME. ALSO OBSERVED WHITE POWDER SUBSTANCE IN CONTAINERS WITHOUT COMMON NAMES. COMMON NAMES WERE PUT ON PACKAGING 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 BAG OF POTATOES STORED DIRECTLY ON FLOOR. BAG MOVED 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 SANITIZING CLOTH STORED ON TABLE BY BUCKET OF SANITIZING SOLUTION. CLOTH PLACED IN SANITIZING SOLUTION AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(A)	NC	Equipment and utensils - air-drying required. OBSERVED STORAGE CONTAINERS AND LIDS STORED WHILE STILL WET, LEAVING DROPS OF WATER TRAPPED BETWEEN CONTAINERS AND LIDS. ITEMS WERE REMOVED TO BE REWASHED.	<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 ABOVE PREP COOLER THAT WERE NOT COVERED OR INVERTED TO PROTECT FROM POSSIBLE CONTAMINATION.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge		Date
Environmental Health Specialist ELIZABETH TEAFORD RS/SIT# EHSIT22-4939		01/17/2023
Licensor:		
Meigs County Health Department		

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

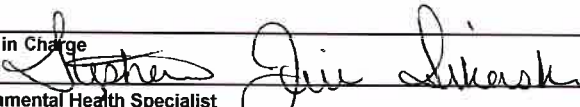
As per HEA 5351 The Baldwin Group, Inc. (11/19)

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

State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility SIKORSKI'S FAMILY RESTAURANT			Type of Inspection sta ccp	Date 01/17/2023	
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
54	3717-1-04.1(C)	C	Food-contact surfaces - cleanability OBSERVED SPATULAS WITH CHIPS/CRACKS, STORAGE CONTAINERS WITH HEAVY SCOURING, AND A LARGE PAN WITH HEAVY DEGRADATION, ALL OF WHICH HAVE THE POTENTIAL TO HOLD FOOD/DEBRIS BECAUSE THEY ARE NO LONGER SMOOTH AND CLEANABLE. ITEMS REMOVED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. OBSERVED CAN OPENER STARTING TO COLLECT SMALL SHARDS OF METAL FROM CANS. CAN OPENER NEEDS REPLACED OR REPAIRED TO ENSURE METAL PIECES DO NOT FALL INTO FOOD.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices. OBSERVED FACILITY DID NOT HAVE SANITIZER TEST STRIPS. QAC TEST STRIPS PROVIDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED DEBRIS BUILD-UP AROUND FREEZERS BEHIND GRILL.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.2(I)(2)	NC	Lighting - intensity (20 FC) OBSERVED LIGHT IS OUT BETWEEN PEPSI COOLER AND 3-COMPARTMENT SINK, LEAVING LIGHT INTENSITY AT 5.1FC. LIGHTING SHOULD BE 20FC IN AREAS USED FOR WAREWASHING.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.3(C)	NC	Employee accommodations - designated areas OBSERVED PERSONAL ITEMS STORED ON SHELF ABOVE PREP COOLER. ITEMS REMOVED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge 	Date 01/17/2023
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)