

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

Name of facility TWIN OAKS STORE, LLC	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 79	Date 01/04/2023
Address 34099 SR 7	City/State/Zip Code POMEROY OH 45769		
License holder TWIN OAKS STORE, LLC	Inspection Time 80	Travel Time 16	Category/Descriptive CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input checked="" 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) 11 / 11 / 2023	Water sample date/result (if required) 11

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 type="checkbox"/> IN <input checked="" 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
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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 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 checked="" type="checkbox"/> OUT <input 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 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			
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 type="checkbox"/> N/A <input checked="" 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 TWIN OAKS STORE, LLC	Type of Inspection sta pr	Date 01/04/2023
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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	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input checked="" 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	Water and ice from approved source	55 <input type="checkbox"/> IN <input checked="" 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	Proper cooling methods used; adequate equipment for temperature control	56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	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	Approved thawing methods used	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	65 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC
Prevention of Food Contamination		66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 3701-21 OAC	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils			
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 checked="" type="checkbox"/> IN <input 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		PROCESS REVIEW LOOKED AT MAKING, REHEATING, AND COOLING OF BULK HOT DOG SAUCE. AT THE TIME OF INSPECTION, HOT DOG SAUCE WAS TEMPERING AT 115F. TCS ITEMS NEED TO BE HOT HOLDING AT 135F OR HIGHER. IF ITEMS ARE KEPT BELOW 135F, BACTERIA COULD GROW TO EXPONENTIAL LEVELS. THIS COULD LEAD TO A FOODBORNE ILLNESS. RECOMMEND HAVING A DIFFERENT METHOD OF HOT HOLDING TO ENSURE HOT DOG SAUCE IS MAINTAINING A TEMP OF 135F OR ABOVE.	<input type="checkbox"/>	<input type="checkbox"/>
2	3717-1-02.4(A)(2)	NC	Level Two Certified Manager OBSERVED THERE WAS NO LEVEL 2 FOOD MANAGER CERTIFICATION AT THE FACILITY AT THE TIME OF INSPECTION.	<input type="checkbox"/>	<input type="checkbox"/>
5	3717-1-02.4(C)(17)	NC	Management and personnel: supervision. OBSERVED THERE WAS NOT A VOMIT/ FECAL CLEAN-UP KIT OR PROCEDURES AT THE FACILITY.	<input type="checkbox"/>	<input type="checkbox"/>
21	3717-1-03.4(F)(1)(a)	C	Time/temperature controlled for safety food - hot holding. OBSERVED HOT DOG SAUCE HOT HOLDING AT 115F. TCS FOODS SHOULD BE HOT HOLDING AT A TEMPERATURE OF 135F OR ABOVE. PIC DISCARDED OF THE HOT DOG SAUCE AT THE TIME OF INSPECTION SINCE THEY WERE UNSURE HOW LONG TEMPERATURE HAD BE HOLDING AND IT WAS ALSO THE END OF HIS SHIFT, SO HOT DOG SAUCE WAS DISCARDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 01/04/2023
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 TWIN OAKS STORE, LLC		Type of Inspection sta pr	Date 01/04/2023		
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
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking. OBSERVED MULTIPLE TCS FOOD ITEMS WITHOUT DATE MARKING INCLUDING HOT DOGS, HOT DOG SAUCE, CUT ONIONS, AND CUT TOMATOES. DATES WERE ADDED TO THE ITEMS WITH KNOWN DATES, BUT ITEMS WITH UNKNOWN DATES WERE DISCARDED AT THE 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 TCS FOODS BEING HELD AFTER THE 7 DAY HOLDING TIME INCLUDING SAUSAGE AND MEATBALLS. ITEMS WERE DISCARDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.1(Y)	NC	Temperature measuring devices. OBSERVED THERMOMETER IN PIZZA PREP COOLER WAS NOT WORKING. TEMPERATURE WAS READING AROUND 10F AND ITEMS WERE NOT FROZEN.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - preventing contamination from the premises. OBSERVED BAG OF COFFEE CREAMER/HALF&HALF ON TRAY ON FLOOR OF COOLER. ITEMS WAS MOVED TO SHELF ABOVE AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability OBSERVED TAPE ON THE CORNER OF METAL PANEL BETWEEN DEEP FRYER AND GRILL. TAPE IS NOT A CLEANABLE SURFACE AND CAN HOLD BACTERIA.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. OBSERVED SEAL ON FRIDGE/COOLER IN KITCHEN HAD A BROKEN SEAL. OBSERVED POP SYRUP BAGS WERE LEAKING AND DRIPPING INTO CONTAINER ON FLOOR.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices. OBSERVED SANITIZER TEST STRIPS WENT OUT OF DATE IN 2021.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED PIPES LEAKING UNDER 3-COMPARTMENT SINK.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED GREASE BUILD-UP ON FLOOR AND WALLS AROUND DEEP FRYER. NEEDS TO BE PULLED OUT AND AREA CLEANED MORE FREQUENTLY. OBSERVED UNKNOWN SUBSTANCE/LEAK ON FLOOR IN CORNER OF BEER COOLER.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED GREASE HOOD WITH A LOT OF BUILD-UP AND STARTING TO DRIP.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge 	Date 01/04/2023
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 01/04/2023

In possession of (Name of License Holder) TWIN OAKS STORE, LLC

Address 34099 SR 7 POMEROY, OH 45769

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

THREE (3) GALLON BAGS OF SHREDDED MOZZARELLA CHEESE.
THREE (3) GALLON BAGS OF SAUSAGE.
ONE (1) GALLON BAG OF MEAT BALLS.
CONTAINER OF HOUSE MADE HOT DOG SAUCE.

Reason for unfitness

ITEMS KEPT PAST ALLOTTED TIME HOLD.

Method of destruction

DISCARDED IN TRASH AT THE TIME OF INSPECTION.

Remarks

Signature of License Holder or Person in Charge



Title Cashier

ELIZABETH TEAFORD

Licensor Representative