

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |  |   |
|---|---|--|---|
| Name of facility<br>DOLLAR GENERAL STORE #18006   | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br>65                       | Date<br>05/15/2023                              |
| Address<br>359 MAIN ST.   | City/State/Zip Code<br>RUTLAND OH 45775   |  |   |
| License holder<br>DOLGEN MIDWEST, LLC   | Inspection Time<br>65   | Travel Time<br>15                          | Category/Descriptive<br>CLASS 1 <25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><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<br><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)<br>05/22/2023 | Water sample date/result (if required)<br>/ /   |

## 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 type="checkbox"/> OUT<br><input checked="" 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                 | 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Certified Food Protection Manager   |  | 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<br><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                                 | <b>Highly Susceptible Populations</b>  |  |
| Proper use of restriction and exclusion   |  | 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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                                      |  | <b>Chemical</b>  |  |
| <b>Good Hygienic Practices</b>  |  | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br><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   |  | <b>Conformance with Approved Procedures</b>  |  |
| <b>Preventing Contamination by Hands</b>  |  | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" 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<br><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<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| <b>Approved Source</b>  |  | Special Requirements: Custom Processing  |  |
| 11  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><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<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| Required records available: shellstock tags, parasite destruction                               |  | Process Review   |  |
| <b>Protection from Contamination</b>  |  | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| 15  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance   |  |
| Food separated and protected  |  | <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 type="checkbox"/> OUT<br><input checked="" 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               |  |  |  |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b>                                   |  |  |  |
| 18  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper cooking time and temperatures  |  |  |  |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper cooling time and temperatures  |  |  |  |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" 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  |  |  |  |

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|  |                                  |                           |
|--|----------------------------------|---------------------------|
| <b>Name of Facility</b><br>DOLLAR GENERAL STORE #18006 | <b>Type of Inspection</b><br>sta | <b>Date</b><br>05/15/2023 |
|--|----------------------------------|---------------------------|

## 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" 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 checked="" 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 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 type="checkbox"/> IN <input checked="" 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 49  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 901:3-4 OAC   |   |
| Washing fruits and vegetables   |   | 66  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| Proper Use of Utensils  |   | 3701-21 OAC   |   |
| 50  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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       |                | BACK STORAGE AREA IS VERY CLUTTERED AND NOT ACCESSIBLE TO WALK THROUGH. NEED TO REDUCE ROLLTAINERS TO ENSURE CLEANING CAN OCCUR.  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5        | 3717-1-02.4(C)(17) | NC             | Management and personnel: supervision.<br>PIC CCULD NOT LOCATE PROCEDURES FOR A VOMIT/DIARRHEAL INCIDENT AT THE TIME OF INSPECTION.   | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10       | 3717-1-06.2(C)     | NC             | Handwashing sinks - hand drying provision.<br>OBSEVED THE PUBLIC RESTROOM DID NOT HAVE ANY MORE PAPER TOWELS OR OTHER MEANS OF DRYING HANDS AT THE TIME OF INSPECTION.  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 13       | 3717-1-03.1(L)     | C              | Package integrity - specifications for receiving<br>OBSEVED TWO CANS OF FOOD THAT WERE HEAVILY DENTED AT THE TIME OF INSPECTION. ITEMS WERE REMOVED FROM SALES FLOOR AT THE TIME OF INSPECTION.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28       | 3717-1-07.1(A)     | C              | Poisonous or toxic materials - Storage: separation.<br>OBSEFEVED BLEACH STORED IN SAME BASKET AS FOOD ITEMS BEHIND COUNTER. ALSO OBSEVED DISCOUNT CARTS AT CHECK-OUT LINE WITH TOXIC SUBSTANCES STORED INSIDE WITH SINGLE-USE FOOD ITEMS AND/OR FOOD ITEMS. ITEMS WERE REMOVED AT THE TIME OF INSPECTION.<br><br>OBSEVED BLEACH TABS AND PAINT STORED ABOVE SINGLE-USE FOOD ITEMS IN THE DOLLAR DEALS ISLE. ITEMS MOVED TO DIFFERENT SHELF AT TIME OF ISPECTION.<br>OBSEVED PAPER PLATES/OTHER SINGLE-USE FOOD ITEMS AND FOOD ITEMS STORED ON | <input type="checkbox"/>            | <input type="checkbox"/> |

|   |   |
|---|---|
| <b>Person in Charge</b>   | <b>Date</b><br>05/15/2023                           |
| <b>Environmental Health Specialist</b><br>ELIZABETH TEAFORD      RS/SIT# EHSIT22-4939 | <b>Licensors:</b><br>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<br>DOLLAR GENERAL STORE #18006   |                   |                | Type of Inspection<br>sta  | Date<br>05/15/2023       |                          |
|---|-------------------|----------------|--|--------------------------|--------------------------|
| <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                        |
|   |                   |                | ROLLTAINERS IN THE BACK STORAGE AREA BELOW CHEMICAL/TOXIC SUBSTANCES.  |                          |                          |
| 45  | 3717-1-06.4(K)    | C              | Controlling pests.<br>OBSERVED THE BACK STORAGE AREA WAS ALMOST COMPLETELY INACCESSIBLE DUE TO THE AMOUNT OF ROLLTAINERS/PRODUCT BEING STORED IN THE BACK, WITH RIPPED DOG/PET FOOD BAGS AND PET FOOD ON FLOOR. AREA IS A POTENTIAL PEST HARBORAGE ISSUE. SALES FLOOR ISLES WERE ALSO STARTING TO BECOME CLUTTERED AND HARD TO GET THROUGH BECAUSE OF TOO MUCH PRODUCT ON FLOOR AND ROLLTAINERS STORED IN ISLES. | <input type="checkbox"/> | <input type="checkbox"/> |
| 56  | 3717-1-04.5(A)(3) | NC             | Cleanliness of nonfood-contact surfaces of equipment.<br>OBSERVED SHELVES UNDER MILK, EGGS, AND OTHER AREAS THROUGHOUT THE COOLER WERE SOILED WITH A BLACK RESIDUE. ALSO FOUND VENTS IN COOLER WITH BLACK RESIDUE BUILD-UP. NEEDS CLEANED MORE FREQUENTLY TO REDUCE BUILD-UP.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 62  | 3717-1-06.4(A)    | NC             | Repairing.<br>OBSERVED CEILING AROUND VENTALATION DUCTS HAVE TORN INSULATION THAT IS HANGING DOWN.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 62  | 3717-1-06.4(B)    | NC             | Cleaning - frequency and restrictions.<br>OBSERVED PET FOOD SPILLED ON FLOOR OF BACK STORAGE AREA THAT IS NOT ABLE TO BE CLEANED UP DUE TO AREA BEING FULL OF ROLLTAINERS AND PRODUCT.   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                      |  |
|--|----------------------|--|
| Person in Charge <i>Logan Fair</i>                   |                      | Date<br>05/15/2023                           |
| Environmental Health Specialist<br>ELIZABETH TEAFORD | RS/SIT# EHSIT22-4939 | Licensors:<br>Meigs County Health Department |

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

As per HEA 5351 The Baldwin Group, Inc. (11/15)

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

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

Date 05/15/2023

In possession of (Name of License Holder) DOLGEN MIDWEST, LLC

Address 359 MAIN ST. RUTLAND, OH 45775

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

CAMPBELL'S CHUNKY STEAK AND POTATOES 16.3OZ X1

BRUCE'S YAMS 29OZ X1

Reason for unfitness

CANS HEAVILY DENTED

Method of destruction

REMOVED FROM SALES FLOOR AT TIME OF INSPECTION

Remarks

Signature of License Holder or Person in Charge



Title MOD

ELIZABETH TEAFORD