

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility MC DONALD'S OF POMEROY	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 17	Date 05/02/2023
Address 423 WEST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder GREG L. MILLS	Inspection Time 150	Travel Time 5	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 checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) 05/08/2023	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 checked="" type="checkbox"/> IN <input 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 checked="" 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 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 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 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 checked="" type="checkbox"/> IN <input 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 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 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper hot holding temperatures			
22	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

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Name of Facility MC DONALD'S OF POMEROY	Type of Inspection sta com ccp	Date 05/02/2023
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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	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 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		Physical Facilities	
40	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean
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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Approved thawing methods used		Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Thermometers provided and accurate	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification			Sewage and waste water properly disposed
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Food properly labeled; original container		Toilet facilities: properly constructed, supplied, cleaned
Prevention of Food Contamination		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Garbage/refuse properly disposed; facilities maintained
	Insects, rodents, and animals not present/outer openings protected	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Contamination prevented during food preparation, storage & display		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
	Personal cleanliness		Adequate ventilation and lighting; designated areas used
48	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Wiping cloths: properly used and stored		Existing Equipment and Facilities
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
	Washing fruits and vegetables	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Proper Use of Utensils			901:3-4 OAC
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	In-use utensils: properly stored		3701-21 OAC
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 type="checkbox"/> IN <input checked="" 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		COMPLAINANT STATED THEY HAD FOUND COCKROACHES IN THE BATHROOM.	<input type="checkbox"/>	<input type="checkbox"/>
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding. OBSERVED SMALL FRIDGE IN FRONT OF KITCHEN WAS TEMPING AT 52F AND FOUND THAT THE PRE-PACKAGED SLICES/CHUNCKED APPLES WERE TEMPING AT 47F AND ABOVE. SLICED APPLES THAT WERE PUT IN COOLER AN HOUR BEFORE WERE REMOVED TO WALK-IN. CHUNCKED APPLES WERE DISCARDED BECAUSE UNSURE HOW LONG TEMPERATURE HAD BEEN ABOVE 41F.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	3717-1-03.4(I)(2)	C	Time as a public health control - four hour time limit OBSERVED SLICED CHEESE, LETTUCE AND OTHER TCS FOODS THAT WERE BEING USED ON THE LINE WITH TIME AS A PUBLIC HEALTH CONTROL DID NOT HAVE TIME/DATE STAMP TO DETERMINE WHEN TO DISCARD. TIME STICKERS WERE ADDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0002		TCS Food: Observed improper use of time as a public health control for up to four hours. OBSERVED TCS FOODS INCLUDING LETTUCE AND CHEESE THAT WERE NOT TIME STAMPED TO DETERMINE WHEN TO DISCARD. FACILITY THROWS AWAY AFTER 2 HOURS OF BEING OUT IN ROOM TEMPERATURE. TIME STICKERS WERE ADDED AT THE TIME OF INSPECTION. SINCE TCS FOODS ARE BEING LEFT OUT, ITS IMPORTANT TO ADD DISCARD TIMES TO THE PRODUCT TO ENSURE IT IS DISCARDED WITHIN THE ALOTTED TIME FRAME. BACTERIA GROW RAPIDLY WHEN FOOD IS STORED ABOVE 41F, SO LIMITING THE TIME TO 4 HOURS OR LESS THAT TCS FOODS ARE EXPOSED TO THE TEMPERATURE DANGER ZONE IS IMPORTANT SO BACTERIA DOESN'T GROW TO UNSAFE LEVELS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0015		TCS Food: TCS foods were not being held at the proper temperature. OBSERVED PRE-PACJAGED APPLE SLICES AND APPLIE CHUNKS IN THE SMALL FRIDGE AT THE	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 05/02/2023
Environmental Health Specialist ELIZABETH TEAFORD RS/SIT# EHSIT22-4939	Licenser: 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 MC DONALD'S OF POMEROY		Type of Inspection sta com ccp	Date 05/02/2023		
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
			FRONT OF THE KITCHEN TEMPING AT 47F AND ABOVE. APPLE SLICES THAT WERE JUST PUT IN FRIDGE AN HOUR AGO WAS REMOVED AND TAKEN TO WALK-IN COOLER. APPLE CHUNKS WERE DISCARDED DUE TO NOT KNOWING HOW LONG THEY HAD BEEN TEMPING ABOVE 41F. WHEN TCS FOODS ARE STORED BETWEEN 41F TO 135F, BACTERIA CAN GROW RAPIDLY, HAVING THE POSSIBILITY TO CAUSE A FOODBORNE ILLNESS. ENSURE COLD TCS FOODS ARE STORED AT 41F OR BELOW AND HOT HELD TCS FOODS ARE HOT HOLDING AT 135F OR ABOVE.		
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 TCS FOODS PROPERLY BEING HOT AND COLD HELD DURING THE TIME OF INSPECTION: HOT HOLDING: CHICKEN NUGGETS 149.5F, HAMBURGER PATTIES 139F, FRIES 209F COLD HOLDING: BURRITOS IN COOLER BY DRIVE THRU WINDOW 42F, BULK BAG OF MILK 41.5F, BULK COFFEE CREAMER 38.5F, BULK MILK BELOW 2ND DRIVE THRU WINDOW 41F, ICE CREAM MIXTURE 38F, RAW SHELL EGGS 34F, TARTAR SAUCE IN STAND-UP STORAGE COOLER 41.5F, SLICE HAM 33F, MOCHA FRAPPE MIXTURE IN WALK-IN COOLER 39F	<input type="checkbox"/>	<input type="checkbox"/>
40	3717-1-04.2(A)	NC	Equipment - cooling, heating, and holding capacities. OBSERVED SMALL COOLER IN FRONT OF KITCHEN WAS TEMPING AT 52F AT THE BEGINNING OF INSPECTION. LOOKED AS IF COOLER WAS TOO FULL AND FLOW OF COOL AIR WAS NOT ABLE TO OCCUR BECAUSE OVER PACKING. ITEMS WERE REMOVED TO RETURN AIR FLOW. THERMOMETER WAS SHOWING 44F AT END OF INSPECTION. ENSURE FRIDGE IS SERVICED BEFORE RETURNING TCS FOODS AND DO NOT OVER STOCK.	<input type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.1(Y)	NC	Temperature measuring devices. OBSERVED COOLER BY 2ND DRIVE THRU WINDOW HAD A THERMOMETER THAT WAS BROKEN AND NOT WORKING PROPERLY. OBSERVED SMALL FRIDGE AT FRONT OF KITCHEN DID NOT HAVE A THERMOMETER. THERMOMETER WAS ADDED AT THE TIME OF INSPECTION TO DETERMINE IF FRIDGE WAS WORKING PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.4(K)	C	Controlling pests. OBSERVED COCKROACHES UNDER THE DISHWASHING MACHINE AND 3-COMPARTMENT SINK. WITH THIS OBSERVATION AND COMPLAINT, INCREASED FREQUENCY OF PEST MANAGEMENT IS REQUIRED. INCREASE CLEANING FREQUENCY THROUGHOUT FACILITY TO ENSURE THERE IS NOT WATER SOURCE OR FOOD SOURCE FOR PESTS. DODSON HAD JUST BEEN TO THE FACILITY EARLIER AND MANAGEMENT CALLED DURING INSPECTION. WILL BE RETURNING MONDAY, 5/8.	<input type="checkbox"/>	<input type="checkbox"/>
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation. OBSERVED WET WIPING CLOTHES STORED DIRECTLY ON THE EDGE OF THE PREP LINE. WIPING CLOTHES SHOULD BE STORED IN SANITIZING SOLUTION AT ALL TIMES IF PLANNING ON USING MORE THAN ONCE. WIPING CLOTHES REMOVED AT TIME IF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(E)(1)	NC	Equipment, utensils, linens - storage. OBSERVED SPATULA ON FLOOR BEHIND ICE MACHINE. OBSERVED DISH WASHING MACHINE TRAYS STORED DIRECTLY ON THE FLOOR BESIDE THE DISH WASHING MACHINE. NEED TO BE STORED AT LEAST 6 INCHES ABOVE THE FLOOR.	<input type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage OBSERVED SANDWICH WRAPPERS BEING STORED IN DRAWERS WITH CRUMBS AND OTHER FOOD DERBIS. ITEMS MUST BE STORED WHERE THEY ARE NOT EXPOSED TO SPLASH, DUST, OR OTHER CONTAMINATION, AND DRAWERS NEED TO BE CLEANED REGULARLY.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment.	<input type="checkbox"/>	<input type="checkbox"/>
Person in Charge			Date		
Environmental Health Specialist ELIZABETH TEAFORD RS/SIT# EHSIT22-4939			05/02/2023		
			Licensor: Meigs County Health Department		

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

State of Ohio Continuation Report

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Name of Facility MC DONALD'S OF POMEROY			Type of Inspection sta com ccp	Date 05/02/2023	
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 SMALL FRIDGE TO THE LEFT, AT THE FRONT OF THE KITCHEN, WAS NOT PROPERLY COOLING. NEEDS TO BE SERVICED BEFORE TCS FOODS CAN BE STORED INSIDE. OBSERVED ONE OF THE HEATING LIGHTS IN THE FRY STATION WAS OUT. OBSERVED LEAK AROUND CO2 TANKS IN THE BACK WHERE POOLED WATER WAS ON THE FLOOR ALONG THE WALL AND IN THE CORNER.		
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED DRAWERS THROUGHOUT THE FACILITY THAT HAD FOOD DEBRIS INSIDE. OBSERVED AREAS AROUND FRAPPE, POP, AND OTHER DRINK DISPENSERS WITH SYRUP AND/OR OTHER STICKY RESIDUE BUILD-UPS. AREAS NEED TO BE CLEANED MORE FREQUENCYLY.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED UTILITY SINK BESIDE THE ICE CHEST IN THE BACK STORAGE AREA HAD A STEADY DRIP AND THE HOT WATER HANDLE WAS BROKEN. OBSERVED WATER LEAKING OUT OF FRAPPE MACHINE TABLE AND DIRECTLY ONTO THE FLOOR. LEAKING WATER SOURCES CAN ATTRACT UNWANTED PESTS, AND SHOULD BE FIXED.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. AREAS OF COVING/TILING AROUND BASE OF WALLS IN THE BACK STORAGE AREA ARE COMING OFF/MISSING, MAKING IT HARD TO PROPERLY CLEAN THE AREA.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED HEAVY FOOD DEBRIS, SPILLS, AND OIL BUILD-UP UNDER TABLES, PREP AREAS, AND GRILLS IN THE KITCHEN AREA. OBSERVED GREASE BUILD-UP ON FLOORS IN KITCHEN HAVE MADE THEM VERY SLICK. OBSERVED SYRUP/POP LEAKS UNDER THE POP DISPENSER IN THE LOBBY AREA. ALL AREAS NEED TO BE THOUROUGHLY CLEANED AND MAINTAINED TO AVOID DEBRIS BUILD-UP.	<input type="checkbox"/>	<input type="checkbox"/>

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

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