

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility PARMAR #40	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 46	Date 05/09/2023
Address 1547 NYE AVENUE	City/State/Zip Code POMEROY OH 45769		
License holder PARMAR OIL	Inspection Time 135	Travel Time 5	Category/Descriptive CLASS 1 <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) 05/16/2023	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 type="checkbox"/> OUT <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 <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 type="checkbox"/> IN <input type="checkbox"/> OUT <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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <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 <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	<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 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 checked="" type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 PARMAR #40	Type of Inspection sta	Date 05/09/2023
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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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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 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 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 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 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
3701-21 OAC			
Proper Use of Utensils			
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
10	3717-1-05.1(O)(2)	C	Using a handwashing sink - other uses prohibited. OBSERVED THE HANDWASHING SINK BEING USED TO WASH COFFEE POTS. PIC WAS INSTRUCTED THE HANDWASHING SINK SHOULD ONLY BE USED TO WASH YOUR HANDS. EQUIPMENT AND UTENSILS CANNOT PROPERLY BE WASHED, RINSED, AND SANITIZED WHEN USING A ONE COMPARTMENT SINK, AND BACTERIA FROM HANDWASHING CAN CONTAMINATE THE COFFE POTS. PIC WILL START TO ENSURE ITEMS WERE WASHED IN 3 COMPARTMENT SINK.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(E)	NC	Handwashing signage. OBSERVED 'MUST WASH HANDS' SIGNAGE IN PUBLIC RESTROOM WAS TORN AND NOT LEGIBLE. NEW SIGN GIVEN TO PIC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils. OBSERVED NOZZLES ON POP MACHINE HAVE NOT BEEN CLEANED FOR MORE THAN 24 HOURS. ACCUMULATION OF CALCIUM DEPOSITS WERE OBSERVED ON THE OUTSIDE OF NOZZLES.	<input type="checkbox"/>	<input type="checkbox"/>
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding. OBSERVED GRAB&GO COOLER WAS NOT PROPERLY HOLDING TEMP BELOW 41F. TEMPERATURE ON OUTSIDE SAID 48.8F AND THERMOMETER INSIDE COOLER WENT BETWEEN 46-50F THROUGHOUT DURATION IF INSPECTION. TCS FOOD ITEMS INCLUDING CHEESES, MEATS, SANDWICHES, AND DESSERTS WERE TEMPING ANYWHERE FROM 48F TO 62F DEPENDING ON LOCATION WITHIN THE GRAB&GO. TCS ITEMS TEMPING AT 41F OR BELOW WERE REMOVED AND PLACED IN WALK-IN COOLER THAT WAS TEMPING AT AROUND 33F. ITEMS ABOVE 41F WERE REMOVED FROM COOLER TO BE DISCARDED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 05/09/2023
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 PARMAR #40		Type of Inspection sta	Date 05/09/2023		
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
43	3717-1-04.2(C)(1)	NC	Food temperature measuring devices - availability OBSERVED THERE WERE NO THERMOMETERS IN THE FACILITY TO CHECK TEMPERATURE OF COLD TCS FOOD ITEMS. A THIN PROBING THERMOMETER SHOULD BE USED TO FREQUENTLY CHECK COLD HELD FOOD ITEMS TO DETERMINE WHETHER THE GRAB&GO COOLER IS WORKING PROPERLY AND HOLDING THE FOOD ITEMS AT 41F OR BELOW.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.4(K)	C	Controlling pests. OBSERVED MOUSE DROPPINGS IN THE BACK DRY STORAGE AREA. PEST MANAGEMENT NEEDS TO BE INCREASED TO ENSURE MOUSE AND OTHER PESTS ARE ELIMINATED. PIC WAS TOLD TO CONTACT PEST MANAGEMENT COMPANY TO HAVE THEM COME BACK TO TREAT FOR MICE AS WELL AS REGULAR MANAGEMENT.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment OBSERVED PEPSI MACHINE HAS A LEAK UNDERNEATH AND WAS DRIPPING NOW IN THE COUNTER. OBSERVED GRAB&GO COOLER WAS NOT WORKING PROPERLY AND HOLDING AT 46F OR ABOVE AT THE TIME OF INSPECTION.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.4(D)	NC	Warewashing equipment - cleaning frequency. OBSERVED 3-COMPARTMENT SINK WAS NOT BEING UTILIZED TO WASH, RINSE, AND SANTIZE THE COFFEE POTS, SO BUGS AND OTHER DEBRIS HAS BUILT UP IN THE COMPARTMENTS.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED ACCUMULATION OF ICE, FOOD DEBRIS, AND GNATS IN THE BOTTOM OF DEEP FREEZER.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. OBSERVED DAMAGE TO THE CEILING DUE TO LEAKS IN THE BACK STORAGE AREA, SALES FLOOR, AND OFFICE AREA. OBSERVED DOOR TO CABINET UNDER POP MACHINE THAT WILL NOT PROPERLY CLOSE.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED ACCUMULATION OF DEBRIS ON FLOORS IN BACK STORAGE AREAS, UNDER SHELVES, AND AROUND THE 3-COMPARTMENT SINK. PIC STATED SHE HAS BEEN WORKING ON CLEANING UP THE MESS FROM PREVIOUS MANAGEMENT.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(N)	NC	Maintaining premises - unnecessary items and litter. OBSERVED ACCUMULATION OF BOXES, LITTER AND OTHER ITEMS STORED IN THE BACK STORAGE AREA, MAKING IT HARD TO CLEAN. PIC HAS BEEN WORKING ON CLEANING THE AREA UP.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED DUST ACCUMULATION ON SCREENS OF COOLING UNITS IN THE WALK-IN COOLER.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Melissa Williams</i>		Date 05/09/2023
Environmental Health Specialist ELIZABETH TEAFORD	RS/SIT# EHSIT22-4939	Licensor: Meigs County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL
 As per HEA 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 05/09/2023

In possession of (Name of License Holder) PARMAR OIL

Address 1547 NYE AVENUE POMEROY, OH 45769

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

- Jack Links Meat and Cheese snacks x3 cases
- Cheese Pleasers Meat and Cheese sticks x3 cases
- Cheese Pleasers 2oz Cheese Packs x4 cases
- Cheese Pleasers String Cheese and Meat Packs x<1 case
- Cheese Pleasers The BIG Sammich x2 cases
- Cheese Pleasers Sting Cheese Packs x1 case
- Wisconsin Cheese Company Mixed Cheese Curds 10oz Pack x5 items
- Wisconsin Cheese Company Cheese Curds 4oz Pack x3 items
- Wisconsin Cheese Company Cheese Sticks <x3 cases
- Nemo's Cakes with Cream Cheese Icing (multiple variety) x4 cases
- Great American Deli Bologna Sandwich x5 items
- Great American Deli Smoked Turkey and Cheese Sandwiches x4 items
- Great American Deli Fiery Cluck Sandwich x1 item
- Great American Deli Sausage Biscuit x3 item
- Jimmy Dean Breakfast Sandwich with sausage x1 item
- Day N' Night Bites Sausage Egg and Cheese Sandwich x3 items
- Fresh Chocolate Pudding Cup x1 item
- Great Snacks Company Bologna, Cheese and Crackers Packs x2 items
- Nemo's Cheesecake x1 item

Reason for unfitness

Found the Grab & Go cooler was temping at 48.8F and food items stored closer to the front of the cooler were temping at around 50F and above.

Method of destruction

Items temping about 41F were removed and discarded at time of inspection.

Remarks

Signature of License Holder or Person in Charge

Melissa Wellman

Title

Manager

Elizabeth Teaford EHS# 22-4939