

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility CROW'S STEAK HOUSE	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 72	Date 06/08/2023
Address 228 WEST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder DANNY CROW	Inspection Time 190	Travel Time 6	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) 06/15/2023	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	
<b>Supervision</b>		
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Person in charge present, demonstrates knowledge, and performs duties	23 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Proper date marking and disposition	
2 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A   Certified Food Protection Manager	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O   Time as a public health control: procedures & records	
<b>Employee Health</b>		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Management, food employees and conditional employees; knowledge, responsibilities and reporting	<b>Consumer Advisory</b>	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Proper use of restriction and exclusion	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Consumer advisory provided for raw or undercooked foods	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Procedures for responding to vomiting and diarrheal events	<b>Highly Susceptible Populations</b>	
<b>Good Hygienic Practices</b>		
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O   Proper eating, tasting, drinking, or tobacco use	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Pasteurized foods used; prohibited foods not offered	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O   No discharge from eyes, nose, and mouth	<b>Chemical</b>	
<b>Preventing Contamination by Hands</b>		
8 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O   Hands clean and properly washed	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Food additives: approved and properly used	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   No bare hand contact with ready-to-eat foods or approved alternate method properly followed	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Toxic substances properly identified, stored, used	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Adequate handwashing facilities supplied & accessible	<b>Conformance with Approved Procedures</b>	
<b>Approved Source</b>		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Food obtained from approved source	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O   Food received at proper temperature	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Fresh Juice Production	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Food in good condition, safe, and unadulterated	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Heat Treatment Dispensing Freezers	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Required records available: shellstock tags, parasite destruction	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Custom Processing	
<b>Protection from Contamination</b>		
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Food separated and protected	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Bulk Water Machine Criteria	
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	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Acidified White Rice Preparation Criteria	
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Proper disposition of returned, previously served, reconditioned, and unsafe food	35 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A   Critical Control Point Inspection	
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>		
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O   Proper cooking time and temperatures	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Process Review	
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	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Variance	
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	<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>	
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		

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<b>Name of Facility</b> CROW'S STEAK HOUSE	<b>Type of Inspection</b> sta ccp	<b>Date</b> 06/08/2023
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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 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 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 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 <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 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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 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 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		CCP POSITIVE COMMENT: ALL TEMPERATURES WERE GOOD.	<input type="checkbox"/>	<input type="checkbox"/>
2	3717-1-02.4(A)(2)	NC	Level Two Certified Manager OBSERVED THERE WAS NOT A LEVEL 2 CERTIFIED MANAGER DURING THE TIME OF INSPECTION. IT IS BELIEVED THAT ANOTHER WORKER HAS THE CERTIFICATION, BUT DOES NOT HAVE DOCUMENTATION WITHIN THE FACILITY.	<input type="checkbox"/>	<input type="checkbox"/>
8	3717-1-02.2(C)	C	Hands and arms: when to wash  OBSERVED WORKER ONLY USE SANITIZER BEFORE DONNING NEW GLOVES. HANDS SHOULD BE WASHED WITH SOAP AND WARM WATER BEFORE DONNING NEW GLOVES. HAND SANITIZER IS ONLY A SUPPLIMENT TO HANDWASHING AND NOT A REPLACEMENT. PIC EXPLAINED THAT HANDS NEED TO BE WASHED BEFORE GETTING NEW GLOVES.  3717-1-02.2.C: Hands and arms - when to wash. Food employees shall clean their hands and exposed portions of their arms as specified under paragraph... 3717-1-02.2.C.8: Before donning gloves to initiate a task that involves working with food; and 3717-1-02.2.C.9: After engaging in any other activities that contaminate the hands.	<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 CONTAINERS OF MAC AND CHEESE THAT HAD BEEN TAKEN OUT OF THE FREEZER AND PUT IN THE WALK-IN COOLER TO THAW THE PREVIOUS DAY. DATE MARKING TAGS HAD NOT BEEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> SHERRI WARTH	<b>Date</b> 06/08/2023
<b>Environmental Health Specialist</b> ELIZABETH TEAFORD RS/SIT# EHSIT22-4939	<b>Licensor:</b> 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

<b>Name of Facility</b> CROW'S STEAK HOUSE			<b>Type of Inspection</b> sta ccp	<b>Date</b> 06/08/2023	
<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
			ADDED AND ITEMS WERE HELD FOR OVER 24 HOURS, SO ITEMS NEEDED A DATE MARK. ITEMS WERE DATE MARKED AT THE TIME OF INSPECTION.		
35	CCP-III.0005		Preventing Contamination by Hands: Food employee(s) were applying hand antiseptic to hands that were not properly washed.  OBSERVED WORKER ONLY USED HAND SANITIZER BEFORE GETTING NEW GLOVES. HANDS SHOULD BE PROPERLY WASHED WITH SOAP AND WATER BEFORE DORNING NEW GLOVES. HAND SANITIZER IS A SUPPLIMENT TO HAND WASHING, NOT A REPLACEMENT. IT IS IMPORTANT TO ENSURE ALL EMPLOYEES ARE PROPERLY WASHING THEIR HANDS WHEN THEY NEED TO, TO ENSURE BACTERIA AND/OR VIRUSES ON THE HANDS DO NOT GET TRANSMITTED TO THE FOOD, LEADING TO A POSSIBLE FOODBORNE ILLNESS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-IV.0004		Demonstration of Knowledge: The person in charge is Certified in Food Protection.  OBSERVED THAT THE MANAGER OF THE FACILITY DID NOT HAVE A LEVEL 2 MANAGERS FOOD SAFETY CERTIFICATION. IT IS IMPORANT TO HAVE AT LEAST ONE INDIVIDUAL WITH A MANAGER FOOD SAFETY CERTIFICATION TO ENSURE SOMEONE HAS THE KNOWLEDGE WITHIN THE FACILITY TO IMPLEMENT GOOD FOOD SAFETY PRACTICES.	<input 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 TCS FOODS BEING PROPERLY HOT AND COLD HELD AT THE FOLLOWING TEMPERATURES:  HOT HOLDING: CORN IN HOT HOLDING TABLE ON LINE 166.8F, BAKED BEANS IN HOT HOLDING TABLE ON LINE 177.0F, MAC AND CHEESE IN HOT HOLDING UNIT ABOVE LINE 136.7F, GREEN BEANS IN HOT HOLDING UNIT ABOVE LINE 153.7F, BAKED BEANS IN HOT HOLDING UNIT ABOVE LINE 160.4F, POT PIE IN UPRIGHT HOT HOLDING UNIT 175.5F, CHICKEN NUGGETS ON LINE 138F, ORIGINAL CHICKEN ON LINE 144.7F, CHICKEN STRIPS ON LINE 152.7F, ORIGINAL CHICKEN IN UPRIGHT HOT HOLDING 178.5F.  COLD HOLDING: COLE SLAW IN WALK-IN COOLER 34.9F, CHICKEN IN WALK-IN CHICKEN COOLER 38.9F, COLE SLAW IN SMALL FRIDGE BY DRIVE THRU WINDOW 35.3F.	<input type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0007		Protection from Contamination: Observed employee NOT properly cleaning and sanitizing food contact surfaces.  OBSERVED EMPLOYEE PUTTING WASHED DISHES/PANS STRAIGHT INTO SANITIZING SOLUTION AFTER WASHING. ALL EQUIPMENT AND UTENSILS NEED TO BE WASHED, RINSED, AND THEN SANITIZED TO ENSURE ALL POSSIBLE FOOD DEBRIS AND BACTERIA IS REMOVED. NOT RINSING THE SOAP OFF THE EQUIPMENT BEFORE PUTTING INTO SANITIZER CAN LEAVE THE SANITIZING SOLUTION INACTIVE, LEAVING THE POSSIBILITY OF BACTERIA BEING LEFT ON THE SURFACES OF FOOD CONTACT ITEMS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - preventing contamination from the premises.  OBSERVED FOOD RESIDUE ON OUTSIDE OF GREEN BEAN SEASONING PACKAGES THAT HAD DRIPPED DOWN. PACKAGES WERE DISCARDED AT TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage  OBSERVED CHICKEN BUCKETS BEING STORED ON SHELF IN AN OPEN BOX WITH THE FOOD CONTACT SURFACE EXPOSED. ITEMS SHOULD BE INVERTED TO PREVENT CONTAMINATION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.5(J)	NC	Rinsing procedures.  OBSERVED AN EMPLOYEE PUT WASHED EQUIPMENT STRAIGHT INTO THE SANITIZING SOLUTION AT TIME OF INSPECTION. INSTRUCTED EMPLOYEE THEY MUST RINSE THE ITEM FIRST BEFORE PUTTING INTO THE SANITIZING SOLUTION BECAUSE THE SOAP CAN RENDER THE SANITIZER INEFFECTIVE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Person in Charge</b> SHERRI WARTH				<b>Date</b> 06/08/2023	
<b>Environmental Health Specialist</b> ELIZABETH TEAFORD RS/SIT# EHSIT22-4939			<b>Licensors:</b> 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 CROW'S STEAK HOUSE			Type of Inspection sta ccp	Date 06/08/2023	
<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
			OBSERVED LEAK FROM EITHER THE HOT WATER TANK OR SYRUP DISPENSING MACHINE IN THE BACK. LIQUID IS POOLED ON THE FLOOR UNDER THE HOT WATER HEATER AND POP SYRUP RACKS.		
62	3717-1-06.4(A)	NC	<p>Repairing.</p> <p>OBSERVED THERE WAS A GAP UNDER THE SEAL OF THE WALK-IN CHICKEN COOLER DOOR. TEMPERATURE IN THE COOLER WAS MAINTAINING TEMPERATURES BELOW 39F. SEAL THAT REACHES THE FLOOR IS REQUIRED TO ENSURE NO POSSIBLE PEST ENTRY AND TO ENSURE PROPER TEMPERATURES ARE BEING HELD.</p> <p>OBSERVED DOOR ON HAND WASHING SINK IS HELD SHUT BY A TOWEL. TOWEL HAS THE POSSIBILITY TO COLLECT BACTERIA, SO SHOULD BE REMOVED AND DOOR SHOULD BE FIXED TO STAY CLOSED BY ITSELF.</p>	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	<p>Cleaning - frequency and restrictions.</p> <p>OBSERVED CHICKEN DRIPPINGS IN THE WALK-IN CHICKEN COOLER WERE DRIED ON THE WALL AND THERE WAS A SPILL ON THE FLOOR THAT HAD NOT BEEN CLEANED. ENSURE AREA IS PROPERLY CLEANED MORE FREQUENTLY TO AVOID ACCUMULATION.</p>	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.4(D)	NC	<p>Cleaning ventilation systems, nuisance and discharge prohibition.</p> <p>OBSERVED DUST ACCUMULATION ON THE VENTS ON THE COOLING UNIT IN THE WALK-IN CHICKEN COOLER.</p> <p>OBSERVED DUST ACCUMULATION ON THE VENTS IN THE KITCHEN AREA. ALL NEED TO BE CLEANED TO AVOID DUST ACCUMULATION THAT CAN LEAD TO DUST POSSIBLY FALLING ON FOOD.</p>	<input type="checkbox"/>	<input type="checkbox"/>

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