

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility WENDY'S-41-006	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 36	Date 07/18/2023
Address 550 EAST MAIN STREET	City/State/Zip Code POMEROY OH 45760		
License holder RAY BLACKBURN	Inspection Time 165	Travel Time 11	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 checked="" 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) 07/25/2023	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 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
15	<input type="checkbox"/> IN <input checked="" 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 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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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 checked="" type="checkbox"/> IN <input 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 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		Administrative	
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 type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
Contamination prevented during food preparation, storage & display		63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
47	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate ventilation and lighting; designated areas used	
Personal cleanliness		64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Existing Equipment and Facilities	
Wiping cloths: properly used and stored		Administrative	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Washing fruits and vegetables		901:3-4 OAC	
Proper Use of Utensils		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	3701-21 OAC	
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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		<p>COMPLAINT STATED AN EMPLOYEE WAS OBSERVED COMPRESSING THE TRASH IN THE TRASH CAN BEHIND THE COUNTER AND NOT WASHING THEIR HANDS BEFORE RETURNING TO FOOD PROPERATION. COMPLAINT ALSO STATED AREA BY FRY STATION WAS DIRTY AND HAD OLD FRIES ON THE FLOOR.</p> <p>MANAGEMENT WAS SPOKEN TO ABOUT PROPER HANDWASHING PROCEDURES AND WHEN TO WASH HANDS. MANAGEMENT WILL BE GOING OVER HANDWASHING WITH EMPLOYEES. PROPER HANDWASHING PROCEDURES WAS OBSERVED DURING INSPECTION. FLOORS BY FRY STATION DID HAVE FRIES ON FLOOR, BUT THEY APPEARED TO BE FROM THAT DAY. FLOOR WAS SWEEPED WHEN EMPLOYEES WERE NOT BUSY.</p>	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-05.1(O)(1)	C	Using a handwashing sink - accessible at all times OBSERVED THERE WAS A PITCHER SITTING IN FRONT OF THE HANDSINK, MAKING IT INACCESSIBLE AT TIME OF INSPECTION. PITCHER WAS REMOVED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	<p>Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. OBSERVED FROZEN FOOD ITEMS IN OPEN BOXES/OPEN BAGS, NOT COVERED OR PROTECTED FROM POSSIBLE CONTAMINATION. FOOD ITEMS WERE COVERED AT TIME OF INSPECTION.</p> <p>OBSERVED AN OPEN PACKET OF CHEESE IN THE BOTTOM OF THE OUTSIDE LINE COOLER NOT PROTECTED OR STORED IN A CONTAINER. CHEESE PUT IN CONTAINER AT TIME OF INSPECTION.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 07/18/2023
Environmental Health Specialist ELIZABETH TEAFORD RS/SIT# EHSIT22-4939	Licensors: Meigs County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

As per HEA 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 WENDY'S-41-006		Type of Inspection sta com ccp var	Date 07/18/2023		
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
			<p>OBSERVED HOT HOLDING TRAY WITH FOOD DEBRIS STILL ON THE SURFACES WHILE BEING STORED WITH THE CLEAN DISHES. ITEM REMOVED TO BE REWASHED AND RESANITIZED.</p> <p>OBSERVED THE TOMATO SLICER WITH FOOD DEBRIS STILL STUCK TO THE BOTTOM OF THE CUTTING BOARD PORTION. ITEM REMOVED TO BE REWASHED AND RESANITIZED.</p>		
22	3717-1-03.4(F)(1)(b)	C	<p>Time/temperature controlled for safety food - cold holding.</p> <p>OBSERVED THE SOUR CREAM AND OTHER ITEMS IN THE COLD HOLDING TRAYS AT THE FRONT OF THE KITCHEN WAS TEMPING AT 50F. ITEMS WERE REMOVED AND DISCARDED AT THE TIME OF INSPECTION.</p> <p>OBSERVED TOMATOES IN THE WALK-IN COOLER TEMPING AT 51F. COOLER TEMP WAS FOUND TO BE TEMPING AT 52F DUE TO ICE BUILD-UP ON THE BACK OF THE COOLING UNIT. TEMPERATURE HAD BEEN CHECKED AT 2PM AND WAS 38F, SO TCS FOODS STILL HAVE 2 HRS TO BE COOLED BACK DOWN. ICE WAS REMOVED FROM THE WALK-IN COOLER AND TEMPERATURE HAD REACHED 41F AND BELOW BY END OF INSPECTION.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	3717-1-03.4(I)(1)	NC	<p>Time as a public health control - written procedures</p> <p>OBSERVED FACILITY WAS USING TIME AS A PUBLIC HEALTH CONTROL FOR RAW HAMBURGER PATTIES. PROCEDURES WERE NOT AVAILABLE DURING INSPECTION.</p>	<input type="checkbox"/>	<input type="checkbox"/>
24	3717-1-03.4(I)(2)	C	<p>Time as a public health control - four hour time limit</p> <p>OBSERVED MULTIPLE ITEMS ON THE INSIDE LINE AND THE OUTSIDE LINE WITHOUT A TIME STAMP FOR DISCARD TIMES. DISCARD TIMES WERE ADDED AT THE TIME OF INSPECTION.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0015		<p>TCS Food: TCS foods were not being held at the proper temperature.</p> <p>OBSERVED THE FOLLOWING TCS FOODS NOT PROPERLY BEING COLD HELD AT THE FOLLOWING TEMPERATURES: SOUR CREAM PACKET 58.0F IN FRONT COLD HOLDING TABLE, RANCH PACKET IN THE WALK-IN COOLER 51F</p> <p>ALL TCS FOOD ITEMS IN THE FRONT COLD HOLDING TABLE WERE DISCARDED AT THE TIME OF INSPECTION. LIDS NEED TO BE ADDED TO ENSURE COLD TCS FOOD ITEMS ARE REMAINING COLD.</p> <p>WALK-IN COOLING UNIT WAS FOUND TO BE FROZE UP AND NOT WORKING PROPERLY AND COOLER WAS TEMPING AT 52F. ICE WAS REMOVED AND TEMPERATURE WAS REDUCED TO 41F AND BELOW AT TIME OF INSPECTION. COOLER TEMP WAS CHECKED AT 2PM AND WAS SHOWN TO BE 38F, SO TCS FOOD ITEMS STILL HAD 2 HOURS TO COOL DOWN TO 41F AND BELOW.</p> <p>COLD FOOD SHOULD BE HELD AT 41F AND BELOW TO REDUCE THE GROWHT OF BACTERIA. WHEN TEMPERATURES ARE HELD BETWEEN 41F AND 135F, BACTERIA CAN GROW RAPIDLY, HAVING THE POSSIBILITY TO LEAD TO A FOODBORNE ILLNESS.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0018		<p>TCS Food: Observed hot foods being held at 135 F or above; cold foods being held at 41 F or below.</p> <p>OBSERVED THE FOLLOWING TCS FOODS HOT AND COLD HOLDING AT THE FOLLOWING TEMPERATURES:</p> <p>HOT HOLDING: SPICY CHICKEN PATTIES 162F, REGULAR CHICKEN PATTIES 157.9F, GRILLED CHICKEN 180F, CHILI MEAT 140F, BAKED POTAOES 182F AND 163F, WHITE CHEESE ON INSIDE LINE 139F, WHITE CHEESE ON OUTSIDE LINE 136F</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Person in Charge			Date		
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)


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Observations and Corrective Actions (continued)

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Item No.	Code Section	Priority Level	Comment	COS	R
			COLD HOLDING: STRAWBERRY ICE CREAM MIX 29.9F, VANILLA ICE CREAM MIX 32.5F, CHOCOLATE ICE CREAM MIX 41F		
35	CCP-VII.0003		Protection from Contamination: Observed improper storage of food items. OBSERVED FOOD ITEMS IN THE PREP COOLERS AND IN THE WALK-IN FREEZER WITHOUT PROPER PROTECTION/COVERING TO PROTECT THE FOOD FROM POSSIBLE CONTAMINATION. FOOD ITEMS WERE COVERED OR PUT INTO COVERED CONTAINERS AT THE TIME OF INSPECTION. IF FOOD ITEMS ARE STORED WITHOUT PROTECTION, CONTAMINENTS (PHYSICAL OR BACTERIAL) CAN GET ONTO THE FOOD, AND LEAD TO A CUSTOMER GETTING SICK.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.4(L)	NC	Removing dead or trapped birds, insects, rodents, and other pests. OBSERVED THERE WERE GNATS FLYING AROUND THE KETCHUP DISPENSERS IN THE LOBBY.	<input type="checkbox"/>	<input type="checkbox"/>
47	3717-1-02.2(G)	NC	Jewelry - prohibition. OBSERVED EMPLOYEE WITH BRACELET ON THEIR WRIST. PIC HAD THE EMPLOYEE REMOVED THE BRACELET AT TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. OBSERVED WALK-IN COOLER WAS TEMPING AT 52F. COOLING UNIT IN THE WALK-IN COOLER HAD FROZEN UP. ICE WAS REMOVED AND MAINTENANCE WAS CALLED AND CAME TO FACILITY AT TIME OF INSPECTION. OBSERVED THE STEAM WELL IN THE FRONT OF THE KITCHEN NOT WORKING. STEAM WELL WAS NOT BEING USED AT TIME OF INSPECTION AND A MAINTENANCE REQUEST HAS BEEN SUBMITTED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability OBSERVED FAUCET BY THE POP MACHINE AT THE DRIVE-THRU WINDOW HAD RUST, MAKING THE SURFACE NOT CLEANABLE.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED THE BOTTOM OF THE UPRIGHT FREEZER HAS FOOD DEBRIS IN BOTTOM. OBSERVED SEALS ON COOLING UNITS ON BOTH LINES HAD RESIDUE BUILD-UP. OBSERVED THE SPRAYERS ON THE PREP SINK AND 3-COMPARTMENT SINK HAD BLACK RESIDUE BUILD-UP ON THE INSIDE OF THE NOZZLE.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(P)	NC	Maintaining refuse areas and enclosures. OBSERVED REFUSE AREA OUTSIDE WITH SOLID WASTE DEBRIS AND CARDBOARD BOXES ON THE GROUND.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED THE CEILING VENTS ABOVE THE 3-COMPARTMENT SINK WITH DUST ACCUMULATION.	<input type="checkbox"/>	<input type="checkbox"/>

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