

State of Ohio
Food Inspection Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility PIZZA HUT 40732	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 81	Date 08/03/2023
Address 415 WEST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder TASTY HUT OF WV, LLC	Inspection Time 85	Travel Time 8	Category/Descriptive CLASS 3 <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) 08/10/2023	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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 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 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 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 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 type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures			

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Name of Facility PIZZA HUT 40732	Type of Inspection sta	Date 08/03/2023
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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	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
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	Proper cooling methods used; adequate equipment for temperature control	56 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	
43	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Food Identification		59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Prevention of Food Contamination		61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	62 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	63 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	64 <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	Washing fruits and vegetables	Administrative	
Proper Use of Utensils		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	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
51	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	901:3-4 OAC	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	3701-21 OAC	
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		MANAGER HAS PREVIOUSLY TAKEN THE SERVSAFE MANAGER COURSE IN WEST VIRGINIA, BUT DOES NOT HAVE TO OHIO DEPARTMENT OF HEALTH (ODH) MANAGER CERTIFICATION IN FOOD PROTECTION. MANAGER NEEDS TO GET ODH CERTIFICATION. OBSERVED FACILITY DOES NOT HAVE THE 2023-2024 FOOD LICENSE, ONLY THE 2022-2023 FOOD LICENSE CERTIFICATE.	<input type="checkbox"/>	<input type="checkbox"/>
2	3717-1-02.4(A)(2)	NC	Level Two Certified Manager BOTH SERVSAFE CERTIFICATES WERE RECEIVED IN WV FOR BOTH PICS. PICS NEED TO BE CERTIFIED IN OHIO.	<input type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. OBSERVED FROZEN PIZZA DOUGH SITTING ON TOP OF OTHER BOXES IN THE WALK-IN FREEZER, AND NOT IN ANY PACKAGING. PIC PUT FROZEN DOUGH BACK IN A SEALED PACKAGE AND PUT IT IN THE BOX.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils. OBSERVED CONTAINER OF FOOD STORAGE ITEMS THAT HAD FOOD DEBRIS ON THEM. ITEMS HAD NOT BEEN USED LATELY. CLEANING FREQUENCY OF UTENSILS ON CLEAN EQUIPMENT RACK NEED TO BE CLEANED MORE FREQUENTLY. ITEMS REMOVED TO BE REWASHED AND RESANITIZED AT THE TIME OF INSPECTION. OBSERVED RESIDUE BUILD-UP ON THE INSIDE OF THE ICE MACHINE. INCREASE CLEANING	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 08/03/2023
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 PIZZA HUT 40732		Type of Inspection sta	Date 08/03/2023		
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
			FREQUENCY TO AVOID BUILD-UP.		
16	3717-1-04.4(L)	C	Equipment, utensils, and linens: maintenance and operation. OBSERVED HIGHEST RINSE TEMPERATURE OF THE DISHWASHER WAS 160F. DISHWASHER NEEDS TO BE MAINTENANCED TO ENSURE IT IS SANITIZING THE EQUIPMENT AND UTENSILS PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.1(Y)	NC	Temperature measuring devices. OBSERVED THERE WAS NO THERMOMETER INSIDE THE WALK-IN COOLER.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - preventing contamination from the premises. OBSERVED ICE FORMING IN THE WALK-IN FREEZER THAT WAS STARTING TO FALL DOWN ON TOP OF BAGS OF FROZEN FOOD ITEMS. OBSERVED CONDENSATION BUILD-UP STARTING TO DRIP ON TOP OF FOOD STORAGE CONTAINERS INSIDE OF THE TALL COOLER TO THE LEFT SIDE OF THE PREP COOLER.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(A)	NC	Equipment and utensils - air-drying required. OBSERVED STACKED FOOD STORAGE CONTAINERS AND CUPS THAT HAD WATER TRAPPED INSIDE. ITEMS SHOULD BE COMPLETELY AIR DRIED BEFORE THEY ARE STACKED.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability OBSERVED BOTTOM SHELF ON THE TABLE IN FRONT OF THE 3-COMPARTMENT SINK WITH RUST, LEADING TO FOOD DERBIS BUILD-UP. SURFACE IS NO LONGER CLEANABLE.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.3(B)	NC	Fixed equipment installation - spacing or sealing. OBSERVED PRE-RINSE SINK IS NOT SEALED TO THE WALL TO PREVENT WATER FROM SPLASHING BEHIND THE SINK. WALL BEHIND IS NOW SOILED.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED THE DISHWASHING RACKS HAVE A RESIDUE BUILD-UP ON THEM.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED DISCHARGE PIPE FROM THE ICE MACHINE IS NOT LEVELED OVER THE DRAIN, LETTING WATER DRIP ON THE FLOOR.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED FOOD DEBRIS AND OTHER BUILD-UP AND ICE ON THE FLOOR OF THE WALK-IN FREEZER AND BUILD-UP ON THE FLOOR OF THE WALK-IN COOLER UNDER THE STORAGE RACKS. OBSERVED DEBRIS BUILD-UP ON THE CLEAN EQUIPMENT/UTENSIL RACK BESIDE THE 3-COMPARTMENT SINK. OBSERVED DEBRIS IN THE BOTTOM OF THE BEVERAGE COOLER. OBSERVED THE WALL BEHIND THE PRE-RINSE SINK BY THE DISHWASHER WAS SOILED.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED DUST AND DEBRIS ACCUMULATION ON THE GREASE HOOD ABOCE PIZZA OVEN.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Brianne Slane</i>	Date 08/03/2023
Environmental Health Specialist ELIZABETH TEAFORD RS/SIT# EHSIT22-4939	Licensors: Meigs County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

As per HEA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)