

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility MEIGS GOLF COURSE	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 89	Date 09/22/2023
Address 33080 WILLS HILL ROAD	City/State/Zip Code POMEROY OH 45769		
License holder TOM E. CREMEANS	Inspection Time 65	Travel Time 9	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) 09/28/2023	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>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input checked="" 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 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	
<b>Employee Health</b>		<b>Consumer Advisory</b>	
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	<b>Highly Susceptible Populations</b>	
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		<b>Chemical</b>	
<b>Good Hygienic Practices</b>		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		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> N/A <input checked="" 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
<b>Approved Source</b>		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	
<b>Protection from Contamination</b>		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><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>	
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			
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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	

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> MEIGS GOLF COURSE	<b>Type of Inspection</b> sta ccp	<b>Date</b> 09/22/2023
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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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT 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	Water and ice from approved source	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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	Proper cooling methods used; adequate equipment for temperature control	56 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
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 Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved thawing methods used	58 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		Administrative	
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food properly labeled; original container	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
Prevention of Food Contamination		Physical Facilities	
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	62 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
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	63 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
Proper Use of Utensils		Administrative	
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	In-use utensils: properly stored	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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		FACILITY'S OPERATION DAYS WERE ON WEDNESDAY-FRIDAY. INSPECTION TOOK PLACE ON A TUESDAY, SO KITCHEN WAS NOT OPEN.  OBSERVED HOT DOGS IN THE FRIDGE WITH DATE 9/12, WHICH SHOULD HAVE BEEN DISCARDED ON 9/18. PIC REMOVES OUT-OF-DATE FOOD ITEMS FROM FRIDGE BEFORE THEY OPEN KITCHEN ON WEDNESDAYS.	<input type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking. OBSERVED CONTAINER OF HOT DOG SAUCE IN THE FRIDGE IN THE KITCHEN WITHOUT A DATE MARK. HOT DOG SAUCE WAS DISCARDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0012		TCS Food: Refrigerated, ready-to-eat, TCS foods held refrigerated for more than 24 hours were not properly date marked. OBSERVED HOT DOG SAUCE WITHOUT A DATE MARK IN THE FRIDGE. HOT DOG SAUCE WAS DISCARDED AT THE TIME OF INSPECTION. IT IS IMPORTANT TO ALWAYS HAVE A DATE MARK SHOWING THE DISCARD DATE ON TCS/READY-TO-EAT FOOD ITEMS TO ENSURE IT IS NOT KEPT FOR LONGER THAN 7 DAYS. IF TCS FOOD ITEMS ARE KEPT FOR LONGER THAN 7 DAYS, IT ALLOWS PATHOGEN GROWTH TO REACH LEVELS THAT COULD LEAD TO A FOODBORNE ILLNESS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.2(D)	NC	Food Storage Containers - Identified with Common Name of Food OBSERVED CONTAINER OF WHAT IS BELIEVED TO BE BROWN SUGAR IN THE CABINET ABOVE THE MICROWAVE WITHOUT A COMMON NAME LABEL ON CONTAINER. ENSURE ALL FOOD ITEMS HAVE COMMON NAME LABELED ON THE CONTAINER.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 09/22/2023
<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

Name of Facility MEIGS GOLF COURSE			Type of Inspection sta ccp	Date 09/22/2023	
<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 ZIPLOCK BAGS WITH UNKNOWN CONTENTS INSIDE IN THE WHIRLPOOL FREEZER. ENSURE COMMON NAME OF CONTENTS IS ON PACKAGING.		
45	3717-1-06.4(K)	C	Controlling pests. OBSERVED EVIDENCE OF MICE IN THE CABINET BELOW THE HANDSINK AND IN THE CABINETS BELOW THE RANGE. INCREASE CLEANING FREQUENCY IN THESE AREAS AND ENSURE PEST MANAGEMENT IS AWARE AND FOCUSES EFFORTS IN THESE AREAS IF EVIDENCE CONTINUES.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED DEBRIS IN THE FREEZER OF THE HOTPOINT FRIDGE.  OBSERVED DEBRIS IN THE CABINETS UNDER THE RANGE.  OBSERVED TOPS OF EQUIPMENT UNDER THE MIDDLE ISLAND IN THE KITCHEN WITH DUST ACCUMULATION.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED FAUCET ON THE HANDSINK IN THE KITCHEN WAS BROKEN AND SPRAYING WATER WHEN TURNED ON.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. OBSERVED PREVIOUS WATER DAMAGE IN THE CABINET UNDER THE HANDSINK IN THE KITCHEN.  OBSERVED LIGHTS ABOVE THE FREEZER IN THE WAREWASHING ROOM WERE BURNT OUT.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.3(C)	NC	Employee accommodations - designated areas OBSERVED PERSONAL FARM FRESH EGGS IN THE FRIDGE IN THE KITCHEN AREA, THAT ARE STORED IN SAME DRAWER AS THE EGGS USED IN THE FACILITY. ENSURE PERSONAL ITEMS, ESPECIALLY THOSE FROM AN UNAPPROVED SOURCE, ARE NOT STORED ABOVE OR BY FOOD ITEMS PREPARED TO BE SOLD IN THE FACILITY.  OBSERVED PERSONAL FROZEN BEEF WITH 'NOT FOR SALE' AND PERSONAL VENISON MEAT STORED IN THE FREEZER ABOVE AND BESIDE THE FROZEN FOOD ITEMS THAT ARE TO BE PREPARED AND SOLD IN THE FACILITY. FROZEN BEEF WITH THE LABEL 'NOT FOR SALE' INDICATES THAT THE BEEF IS NOT FROM AN APPROVED SOURCE AND SHOULD NOT BE PREPARED IN THE EQUIPMENT THAT IS USED FOR THE FACILITY, AND SHOULD NOT BE STORED ABOVE FOOD ITEMS USED IN THE FACILITY. VENISON IS ALSO NOT APPROVED AND SHOULD NOT BE PREPARED USING EQUIPMENT WITHIN THE FACILITY, AND SHOULD ALSO BE MOVED AND LABELED AS 'PERSONAL ITEMS'.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Jon F. Clemons</i>	Date 09/22/2023
Environmental Health Specialist ELIZABETH TEAFORD RS/SIT# EHSIT22-4939	Licenser: Meigs County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

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

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