

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility TWIN OAKS STORE, LLC	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 79	Date 09/01/2023
Address 34099 SR 7	City/State/Zip Code POMEROY OH 45769		
License holder TWIN OAKS STORE, LLC	Inspection Time 200	Travel Time 1	Category/Descriptive CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input checked="" 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) 09/08/2023	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 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	
<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 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		<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 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
<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 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 checked="" type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<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>	
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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Proper cooling time and temperatures			
21	<input type="checkbox"/> IN <input checked="" 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			

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> TWIN OAKS STORE, LLC	<b>Type of Inspection</b> sta pr	<b>Date</b> 09/01/2023
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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 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> N/A <input checked="" 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
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 type="checkbox"/> IN <input checked="" 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 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		PROCESS REVIEW LOOKED AT THE MAKING, STORAGE, REHEATING, AND COOLING, OF BULK HOT DOG SAUCE AT THE TIME OF INSPECTION. HOT DOG SAUCE WAS TEMPING AT 101F. TCS FOODS NEED TO BE HOT HOLDING AT A TEMPERATURE OF 135F OR HIGHER. IF TCS FOODS ARE HELD BETWEEN 135F AND 41F, BACTERIA AND OTHER PATHOGENS HAVE THE POTENTIAL TO GROW EXPONENTIALLY.  FACILITY ALSO DID NOT HAVE WRITTEN PROCEDURES FOR COOKING, COOLING OR REHEATING THE HOT DOG SAUCE, NOR DID THEY HAVE A THERMOMETER THAT COULD TEMP BELOW 50F TO CHECK TO ENSURE FOOD REACHES 41F WHEN COOLING, AND WHEN FOOD IS BEING STORE AT 41F AND BELOW.	<input type="checkbox"/>	<input type="checkbox"/>
2	3717-1-02.4(A)(2)	NC	Level Two Certified Manager OBSERVED FACILITY DID NOT HAVE AN INDIVIDUAL WHO HAS A MANAGERS FOOD SAFETY CERTIFICATION AT THE TIME OF INSPECTION.	<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 OPEN PACKAGE OF BUTTER STORED ON SOILED SHELF IN THE UPRIGHT COOLER IN KITCHEN. BUTTER WAS DISCARDED AT THE TIME OF INSPECTION AND PIC STARTED TO CLEAN KITCHEN AREAS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	3717-1-03.4(F)(1)(a)	C	Time/temperature controlled for safety food - hot holding. OBSERVED THE HOT DOG SAUCE THAT WAS HOT HOLDING IN THE KITCHEN WAS TEMPING AT 101F. PIC HAD REHEATED THE HOT DOG SAUCE AND PUT IT ON THE WARM SETTING EARLIER THIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 09/01/2023
<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 TWIN OAKS STORE, LLC		Type of Inspection sta pr	Date 09/01/2023		
<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
			MORNING, SO HOT DOG SAUCE WAS DISCARDED AT THE TIME OF INSPECTION.  OBSERVED SANDWICHES ON THE TOP SHELF OF THE HOT HOLDING UNIT IN THE FRONT OF THE STORE WERE TEMPING AT 99F. SANDWICHES WERE MADE AND PUT IN WARMER AT 10AM THIS MORNING, AND WERE POSSIBLY OUT OF TEMPERATURE FOR OVER 4 HOURS. SANDWICHES WERE DISCARDED AT THE TIME OF INSPECTION.		
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking. OBSERVED SLICED BOLOGNA IN THE COOLER IN THE KITCHEN WITHOUT A DATE MARK. DATE WAS ADDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(H)	C	Ready-to-eat, time/temperature controlled for safety food - disposition. OBSERVED 3 FULL TUBS OF CHICKEN SALAD WITHOUT A DATE MARK. PIC WAS UNSURE WHEN CHICKEN SALAD WAS RECEIVED, SO ITEMS WERE DISCARDED AT TIME OF INSPECTION.  OBSERVED GALLON BAG OF SAUSAGE WITH OPENED DATE OF 7/30, GALLON BAG OF BACON BITS OPENED ON 7/20, AND A SMALL AMOUNT OF BACON OPENED ON 7/25. TCS FOOD ITEMS SHOULD ONLY BE KEPT FOR 7 DAYS. ITEMS DISCARDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.2(G)(1)	NC	Food temperature measuring devices - availability OBSERVED THERE WAS NOT A FOOD THERMOMETER THAT COULD TAKE TEMPERATURES BELOW 50F. TEMPERATURES OF FOOD BEING COLD HELD AT 41F OR BELOW NEED TO BE ABLE TO BE CHECKED, AND THERMOMETER IN FACILITY IS NOT SUFFICIENT.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.4(K)	C	Controlling pests. OBSERVED EVIDENCE OF RODENTS IN CABINET BELOW THE POP MACHINE IN THE KITCHEN AREA. AREA NEEDS TO BE CLEANED TO ENSURE RODENTS ARE NO LONGER PRESENT.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(A)	NC	Equipment and utensils - air-drying required. OBSERVED UTENSILS AND OTHER FOOD PREP ITEMS BEING AIR DRYED ON A TOWEL ON THE DRAINBOARD OF THE 3-COMPARTMENT SINK. FOOD SERVICE ITEMS NEED TO BE DRIED ON A CLEAN AND SANITIZED SURFACE. TOWELS WERE REMOVED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. OBSERVED WATER ACCUMULATION IN THE BOTTOM OF THE PREP TABLE COOLER, WHICH TOWELS SOAKING UP THE WATER.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(B)(1)	NC	Manual warewashing - three compartment sink required. OBSERVED PIC WAS UNABLE TO USE 'WASH' COMPARTMENT OF SINK DUE TO A LEAK IN THE PIPES BELOW. PIC IS ONLY ABLE TO USE ONE COMPARTMENT TO WASH AND THEN RINSE, AND THE OTHER COMPARTMENT TO SANITIZE.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices. OBSERVED THERE WAS NO SANITIZER TEST STRIPS IN THE FACILITY. PIC WAS PROVIDED WITH TEST STRIPS AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED DEBRIS BUILD-UP ON THE SHELVES INSIDE THE COOLER.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED THERE WAS A WATER LEAK IN THE PIPE BELOW THE 3-COMPARTMENT SINK.  OBSERVED HANDLE ON THE HANDSINK IN THE RESTROOM IS BROKEN.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED VENTS ON COOLING UNITS IN THE WALK-IN COOLERS WITH DUST ACCUMULATION. INCREASE CLEANING FREQUENCY.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Britney Harris</i>		Date 09/01/2023
Environmental Health Specialist ELIZABETH TEAFORD	R/SIT# EHSIT22-4939	L censor: 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 09/01/2023

In possession of (Name of License Holder) TWIN OAKS STORE, LLC

Address 34099 SR 7 POMEROY, OH 45769

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

THREE (3) FULL CONTAINERS OF CHICKEN SALAD AND ONE (1) HALF CONTAINER OF CHICKEN SALAD

GALLON BAG FULL OF BACON PIECES

GALLON BAG FULL OF SAUSAGE PIECES

~TWENTY(20) HOT SANDWICHES

**Reason for unfitness**

CHICKEN SALAD: NO DATE AND UNSURE WHEN THEY RECEIVED

GALLON BAG OF BACON: OPENED DATE ON 7/20, CAN ONLY KEEP FOR 7 DAYS

GALLON BAG OF SAUSAGE: OPENED DATE ON 7/30, CAN ONLY KEEP FOR 7 DAYS

HOT SANDWICHES: HOT HOLDING AT 99F

**Method of destruction**

DISCARDED ALL AT TIME OF INSPECTION

**Remarks**

Signature of License Holder or Person in Charge *Britney Harris*

Title *Cook in charge*

ELIZABETH TEAFORD