

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

Name of facility POWELL'S FOODFAIR	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 25	Date 09/29/2023
Address 700 EAST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder CHARLES T. FORTH	Inspection Time 155	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) 10/05/2023	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 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 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>	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
<b>Good Hygienic Practices</b>		<b>Chemical</b>	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
<b>Preventing Contamination by Hands</b>		<b>Conformance with Approved Procedures</b>	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	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
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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
<b>Approved Source</b>		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O 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 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 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 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 Process Review
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
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>	
16	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
<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		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
21	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> POWELL'S FOODFAIR	<b>Type of Inspection</b> sta	<b>Date</b> 09/29/2023
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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 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		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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
	Approved thawing methods used		Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Thermometers provided and accurate	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification			Sewage and waste water properly disposed
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	60	<input type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Garbage/refuse properly disposed; facilities maintained
	Insects, rodents, and animals not present/outer openings protected	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Contamination prevented during food preparation, storage & display		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Personal cleanliness		Adequate ventilation and lighting; designated areas used
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Wiping cloths: properly used and stored		Existing Equipment and Facilities
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Administrative	
	Washing fruits and vegetables	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils			901:3-4 OAC
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
	In-use utensils: properly stored		3701-21 OAC
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 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
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils. OBSERVED KNIVES AND OTHER UTENSILS/EQUIPMENT IN THE VEGGIE PREP AREA WITH FOOD RESIDUE STILL STUCK ON THEM. ITEMS WERE REMOVED AND PUT WITH THE DIRTY DISHES AT THE TIME OF INSPECTION.	<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 HUSH PUPPIES IN THE HOT DELI CASE WERE TEMPING AT 127F. PIC DISCARDED THE HUSH PUPPIES AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.5(C)	NC	Food labels. OBSERVED MULTIPLE ITEMS THROUGHOUT THE FACILITY, INCLUDING COOKIES, SAUSAGE GRAVY AND BISCUITS DINNERS, GREEN BEANS, CUPCAKES, FRUITS SALADS, YOGURT PARFAITS, ECT., OFFERED FOR SALE ON GRAB&GO TABLES AND IN THE COLD CASES WITHOUT FOOD LABELS ON THEM. SOME ITEMS WERE PULLED FOR LABELS TO BE ADDED, SOME WERE DISCARDED, AND SOME HAD LABELS ADDED THE TIME OF INSPECTION.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.7(C)	NC	Storage of soiled linens - methods. OBSERVED SOILED TOWELS THROUGHOUT THE FACILITY INSIDE WALK-IN COOLERS, ON FLOORS OF BACK STORAGE AREA, AND IN RACK BESIDE THE MOP SINK BY THE RESTROOMS.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(I)	NC	Kick plates - removable. OBSERVED KICK PLATE IS MISSING ON THE VEGGIES COOLER WHERE THE SALAD MAKERS WERE.  OBSERVED A KICK PLATE WAS MISSING IN THE POP ISLE.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 09/29/2023
<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 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 POWELL'S FOODFAIR		Type of Inspection sta	Date 09/29/2023		
<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
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. OBSERVED WALK-IN FREEZER IN DELI AREA WITH LARGE ICE ACCUMULATION ON THE FLOOR AND ON THE CEILING.  OBSERVED HEAT LIGHTS IN THE HOT CASE IS THE DELI WERE OUT AND FOOD WAS NOT STAYING WARM. PIC SAID SOCKET IS BROKEN AND REPLACEMENT CANNOT BE GOTTEN.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability OBSERVED RACKS IN THE MILK COOLER WITH RUST FORMATION, MAKING THE SURFACE NOT SMOOTH AND UNCLEANABLE.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED RACKS IN THE WALK-IN MILK COOLER WITH DEBRIS AND RESIDUE ACCUMULATION ON THEM.	<input type="checkbox"/>	<input type="checkbox"/>
60	3717-1-05.4(H)	NC	Toilet room receptacle - covered. OBSERVED RECEPTABLE IN THE WOMEN'S RESTROOM DOES NOT HAVE A LID OR COVERING.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. OBSERVED TILE AROUND THE BASE OF THE FLOORS IN THE MEAT PREP SECTION AND IN THE MILK COOLER WERE MISSING, BROKEN, OR CHIPPED. CRACKS IN THE TILING MEAT SLICING/PACKING AREA ARE STARTING TO HOLD FOOD DEBRIS, MAKING THE SURFACE UNCLEANABLE.  OBSERVED SEAL AT BOTTOM OF WALL AROUND THE MEAT SLICING AREA IS MISSING OR FALLING OFF, MAKING AREA HARD TO CLEAN.  OBSERVED SOILED/MISSING/DAMAGED CEILING TILES IN THE FRONT ENTRY OF THE FACILITY AS WELL AS ABOVE THE RESTROOM ENTRANCE TO THE BACK STORAGE AREA OF THE FACILITY.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED SOILED FLOOR COVERINGS UNDER THE SHELVING IN THE WALK-IN MILK COOLER.  OBSERVED DEBRIS BUILD-UP UNDER 3-COMPARTMENT SINKS IN THE FACILITY.	<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 WALK-IN COOLERS/FREEZER WITH DUST ACCUMULATION ON THEM.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge		Date 09/29/2023
Environmental Health Specialist ELIZABETH TEAFORD	RS/SIT# EHSN22-4939	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)