

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility MCCULLOUGH & RIFFLE DRUGS INC.	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 12	Date 06/07/2024
Address 636 EAST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder EDWARD ZATTA	Inspection Time 80	Travel Time 6	Category/Descriptive CLASS 2 <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) 06/14/2024	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 Person in charge present, demonstrates knowledge, and performs duties	23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Certified Food Protection Manager	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 Management, food employees and conditional employees; knowledge, responsibilities and reporting	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 Proper use of restriction and exclusion	<b>Highly Susceptible Populations</b>	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 No discharge from eyes, nose, and mouth	28	<input type="checkbox"/> IN <input checked="" 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 Hands clean and properly washed	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 No bare hand contact with ready-to-eat foods or approved alternate method properly followed	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	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 Food obtained from approved source	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 Food received at proper temperature	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 Food in good condition, safe, and unadulterated	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 Required records available: shellstock tags, parasite destruction	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 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 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		
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A <input 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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Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility MCCULLOUGH & RIFFLE DRUGS INC.	Type of Inspection sta	Date 06/07/2024
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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
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Water and ice from approved source
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Plant food properly cooked for hot holding		Warewashing facilities: installed, maintained, used; test strips	
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Approved thawing methods used		Nonfood-contact surfaces clean	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Thermometers provided and accurate			
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food properly labeled; original container		Hot and cold water available; adequate pressure	
Prevention of Food Contamination		58	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Insects, rodents, and animals not present/outer openings protected		Plumbing installed; proper backflow devices	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Contamination prevented during food preparation, storage & display		Sewage and waste water properly disposed	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Toilet facilities: properly constructed, supplied, cleaned	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Wiping cloths: properly used and stored		Garbage/refuse properly disposed; facilities maintained	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Washing fruits and vegetables		<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
Proper Use of Utensils		63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Adequate ventilation and lighting; designated areas used	
In-use utensils: properly stored		64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities	
Utensils, equipment and linens: properly stored, dried, handled			
52	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	901:3-4 OAC	
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	3701-21 OAC	
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
10	3717-1-06.2(E)	NC	Handwashing signage.  OBSERVED THERE WAS NO LONGER AN 'EMPLOYEE MUST WASH HANDS SIGN' ABOVE THE HANDSINK IN THE COFFEE PREP AREA. SIGN PROVIDED TO PIC AT TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils.  OBSERVED METAL TRAY THAT IS USED TO STORE THE MILK FROTHER ON WAS SOILED. TRAY WAS REMOVED TO BE WASHED AND SANITIZED AT TIME OF INSPECTION.  OBSERVED DEBRIS INSIDE TRAY OF SYRUP PUMPS. PUMPS AND TRAY WERE REMOVED TO BE REWASHED AND RESANITIZED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07.1(A)	C	Poisonous or toxic materials - Storage: separation.  OBSERVED BOX OF ANT BAITS STORED IN THE BASKET WITH THE SPONGES AND OTHER SUPPLIES USED TO WASH AND SANITIZE EQUIPMENT AND OTHER UTENSILS. ALL CHEMICAL AND TOXIC SUBSTANCES SHOULD BE STORED AWAY FROM FOOD AND FOOD SERVICE ITEMS. BOX WAS REMOVED BY PIC AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.4(L)	NC	Removing dead or trapped birds, insects, rodents, and other pests.  OBSERVED DEAD MOUSE IN THE CORNER OF THE EMPLOYEES BREAK ROOM BEHIND THE HOT WATER TANK.  OBSERVED DEAD INSECTS UNDER THE 3-COMPARTMENT SINK THAT HAVE NOT BEEN REMOVED.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 06/07/2024
Environmental Health Specialist ELIZABETH TEAFORD RS/SIT# EHSIT22-4939	Licensor: 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 MCCULLOUGH & RIFFLE DRUGS INC.				Type of Inspection sta		Date 06/07/2024	
<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		
			ALL DEAD INSECTS AND MICE SHOULD BE REMOVED AND AREAS SHOULD BE CLEANED AND CHECKED MORE FREQUENTLY.				
45	3717-1-06.4(K)	C	Controlling pests. OBSERVED SOME EVIDENCE OF MICE ON THE FLOOR BEHIND EQUIPMENT IN THE STORAGE AREA. AREAS SHOULD BE THOROUGHLY CLEANED.	<input type="checkbox"/>	<input type="checkbox"/>		
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage OBSERVED A BOX OF CUPS STORED DIRECTLY ON THE FLOOR IN THE KITCHEN PREP AREA. ALL ITEMS SHOULD BE AT LEAST 6 INCHES OFF THE FLOOR.  OBSERVED PLASTIC LIDS INSIDE THE CUP AND LID HOLDER THAT WERE STORED WITH THE FOOD-CONTACT SURFACE EXPOSED. ALL LIDS SHOULD BE INVERTED SO THAT FOOD-CONTACT SURFACE IS NOT EXPOSED TO POSSIBLE CONTAMINATION.	<input type="checkbox"/>	<input type="checkbox"/>		
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED DUST AND OTHER DEBRIS ACCUMULATION ON THE SIDES OF SOME OF THE EQUIPMENT AND STORAGE CONTAINERS THROUGHOUT THE KITCHEN.  OBSERVED DEBRIS ACCUMULATION ON THE SHELVEING IN THE COFFEE PREP AREA. ALL SURFACES SHOULD BE CLEANED MORE FREQUENTLY TO AVOID BUILD-UP.	<input type="checkbox"/>	<input type="checkbox"/>		
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED THE FAUCET ON THE 3-COMPARTMENT SINK WITH CALCIUM ACCUMULATION AROUND THE FAUCET STEM AND HANDLES, DUE TO A LEAK. FAUCET SHOULD BE REPLACED OR REPAIRED.	<input type="checkbox"/>	<input type="checkbox"/>		
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED DEBRIS ON THE FLOORS UNDER STORAGE RACKS AND OTHER EQUIPMENT. AREAS SHOULD BE CLEANED MORE FREQUENTLY.	<input type="checkbox"/>	<input type="checkbox"/>		
62	3717-1-06.4(N)	NC	Maintaining premises - unnecessary items and litter. OBSERVED BOXES OF EQUIPMENT AND OTHER ITEMS THAT ARE NO LONGER USED STORED ON THE FLOORS UNDER SHELVEING, AND AROUND THE COFFEE PREP AREAS THAT WERE STARTING TO MAKE THE AREA HARD TO CLEAN. ITEMS THAT ARE NO LONGER BEING USED AND ARE STORED ON THE FLOORS SHOULD BE REMOVED TO MAKE CLEANING EASIER.	<input type="checkbox"/>	<input type="checkbox"/>		
62	3717-1-06.0(A)	NC	Indoor areas - surface characteristics OBSERVED THE WOODEN TRIM BOARDS IN THE RESTROOMS WERE NOT STAINED/PAINTED ALL THE WAY, LEAVING AREAS OF BARE WOOD. WOOD IS POROUS AND CAN ABSORB WATER AND OTHER LIQUIDS. ALL BARE WOOD SHOULD BE PAINTED OR STAINED TO BE NONPOROUS, SMOOTH, AND EASILY CLEANABLE.	<input type="checkbox"/>	<input type="checkbox"/>		
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED HEAVY ACCUMULATION OF DUST ON THE VENT IN THE EMPLOYEE RESTROOM.	<input type="checkbox"/>	<input type="checkbox"/>		

Person in Charge		Date 06/07/2024
Environmental Health Specialist ELIZABETH TEAFORD RS/SIT# EHSIT22-4929		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)