

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 / /

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			
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Person in charge present, demonstrates knowledge, and performs duties	
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Certified Food Protection Manager	
Employee Health			
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	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events	
Good Hygienic Practices			
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use	
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	
10	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible	
Approved Source			
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	
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	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	
Protection from Contamination			
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected	
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 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 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 type="checkbox"/> N/O	Proper cooling time and temperatures	
21	<input type="checkbox"/> IN <input 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	
<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>			

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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	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					
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	Physical Facilities		
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	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
Food Identification					
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
Prevention of Food Contamination					
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					
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	Administrative		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC
52	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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
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	Licensor: Meigs County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

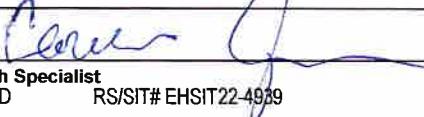
As per HEA 5302B The Baldwin Group, Inc. (11/19)

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
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
			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 SHELVING 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 SHELVING, 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# EHSIT22-4939	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)