

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

Name of facility PARMAR #40	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 46	Date 03/11/2025
Address 1547 NYE AVENUE	City/State/Zip Code POMEROY OH 45769		
License holder PARMAR OIL	Inspection Time 105	Travel Time 9	Category/Descriptive CLASS 1 <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 checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) 03/18/2025
			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	
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	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
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	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	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Chemical
Good Hygienic Practices			
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use	28 <input type="checkbox"/> IN <input checked="" 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	No discharge from eyes, nose, and mouth	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored, used
Preventing Contamination by Hands			
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	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	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	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	Special Requirements: Fresh Juice Production
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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	Special Requirements: Heat Treatment Dispensing Freezers
Approved Source			
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: Custom Processing
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: Bulk Water Machine 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	Special Requirements: Acidified White Rice Preparation Criteria
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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	Critical Control Point Inspection
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	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Process Review
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		Variance
17 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food	Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.	
Time/Temperature Controlled for Safety Food (TCS food)			
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	Public health interventions are control measures to prevent foodborne illness or injury.	
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

Name of Facility PARMAR #40	Type of Inspection sta com	Date 03/11/2025
--------------------------------	-------------------------------	--------------------

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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control			Nonfood-contact surfaces clean		
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	Physical Facilities	
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		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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used		58 <input checked="" type="checkbox"/> IN <input 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			60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned	
44 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container		61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained	
Prevention of Food Contamination			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	
45 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected		63 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used	
46 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display		64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities	
47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness		Administrative		
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		65 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	901:3-4 OAC	
49 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables		66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	3701-21 OAC	
Proper Use of Utensils					
50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 or-site during inspection R = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		RECEIVED A COMPLAINT STATING THE COOLER HAD BEEN VERY WARM OVER THE WEEKEND AS WELL AS THE PRODUCTS INSIDE BEING WARM. COMPLAINANT EXPRESSED CONCERN ABOUT MILK BEING IN THE FRIDGE. UPON INSPECTION, THE WALK-IN COOLER WAS TEMPING AT 85 F. IT WAS FOUND ALL TCS FOOD ITEMS HAD ALREADY BEEN REMOVED AND DISCARDED AND ALL STAFF / MANAGEMENT ARE AWARE AND SIGNS HAVE BEEN PLACED ON ALL COOLER DOORS NOTIFYING CUSTOMERS OF THE ISSUE.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils. OBSERVED A "CLEAN" FRAZIL CONTAINER WITH ORANGE LIQUID STILL INSIDE. JUG WILL NEED TO BE REWASHED AND SANITIZED.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.6(B)	C	Sanitizing frequency of utensils and food-contact surfaces. OBSERVED THE FACILITY DID NOT HAVE ANY BLEACH / SANITIZING PRODUCTS THAT COULD BE USED ON FOOD CONTACT SURFACES SUCH AS THE FRAZIL BOTTLES AND COFFEE POTS. THE FACILITY WILL NEED TO PURCHASE REGULAR BLEACH BEFORE THEY ARE ALLOWED TO SERVE COFFEE / FRAZIL SLUSHEES.	<input type="checkbox"/>	<input type="checkbox"/>
17	3717-1-03.6(A)	C	Discarding/reconditioning unsafe, adulterated, or no honestly presented food. OBSERVED A SWOLLEN PREPACKAGED CONTAINER OF PINEAPPLES WITH TAJIN WITH A FRESH BY DATE OF 2/27/25. PACKAGE WAS REMOVED TO BE DISCARDED 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 LIGHTERS STORED ON A RACK ABOVE BAGS OF CHIPS AND GRAFFITI REMOVAL SPRAY	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 03/11/2025
Environmental Health Specialist BROOKLYN BEAVER, REHSIT	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 PARMAR #40				Type of Inspection sta com	Date 03/11/2025
Observations and Corrective Actions (continued)					
Mark "X" in appropriate box for COS and R: COS = corrected or-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
			OVER PACKAGES OF COFFEE GROUNDS. ENSURE TOXIC MATERIALS ARE NOT STORED ABOVE FOOD ITEMS.		
45	3717-1-06.4(K)	C	Controlling pests. OBSERVED EVIDENCE OF MICE IN THE CABINET UNDER THE HANDSINK AND UNDER THE 3 COMPARTMENT SINK IN THE BACK STORAGE AREA. AREAS WILL NEED TO BE CLEANED AND SANITIZED BY THE FOLLOW UP DATE, 3/18/25. PAST PEST CONTROL MANAGEMENT DOCUMENTATION WILL NEED TO BE PROVIDED AS WELL.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.4(L)	NC	Removing dead or trapped birds, insects, rodents, and other pests. OBSERVED A DEAD MOUSE UNDER THE 3 COMPARTMENT SINK IN THE BACK STORAGE AREA.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(R)	NC	Food storage - prohibited areas. OBSERVED CASES OF BEER BEING STORED ON THE FLOOR IN THE EMPLOYEE RESTROOM. FOOD ITEMS SHOULD NEVER BE STORED IN RESTROOMS.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.7(C)	NC	Storage of soiled linens - methods. OBSERVED SOILED TOWELS IN THE CABINET UNDERNEATH THE POP MACHINE. ENSURE SOILED TOWELS ARE STORED IN A DESIGNATED RECEPTACLE.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.4(D)	NC	Warewashing equipment - cleaning frequency. OBSERVED THE 3 COMPARTMENT SINK WAS SOILED AND HAD VARIOUS ITEMS STORED ALONG THE SIDES INCLUDING A RUSTY RAZOR. SINK SHOULD BE CLEANED AND SANITIZED BEFORE EVERY USE AND ALL UNECESSARY ITEMS SHOULD BE MOVED AND STORED ELSEWHERE.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED AN ACCUMULATION OF SOILS / RESIDUES ON THE STORAGE RACKS IN THE BACK STORAGE AREA.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. OBSERVED A LARGE HOLE IN THE WALL UNDER THE HANDSINK IN THE EMPLOYEE RESTROOM.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED THE FLOOR WAS SOILED BY THE HANDSINK AND UNDERNEATH THE OUT OF DATE RACK IN THE BACK STORAGE ROOM. OBSERVED PLASTIC WRAPPING AND OTHER DEBRIS / SOILS ON THE FLOOR OF THE WALK-IN COOLER. INCREASE CLEANING IN THESE AREAS.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED AN ACCUMULATION OF DUST / BLACK RESIDUES ON THE FAN COVERS IN THE WALK-IN COOLER.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Joey Muir</i>	Date 03/11/2025
Environmental Health Specialist BROOKLYN BEAVER, REHSIT RS/SIT# EHSIT24-5298	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)

**Voluntary Destruction of Unfit Products
Found by Licensor Representative**

Date 03/11/2025

In possession of (Name of License Holder) PARMAR OIL

Address 1547 NYE AVENUE POMEROY, OH 45769

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

SINGLE SERVE PINEAPPLE CUP WITH TAJIN.

Reason for unfitness

PACKAGE WAS SWOLLEN AND ABOUT TO POP OPEN. FRESH BY DATE SHOWED 2/27/25.

Method of destruction

PIC REMOVED TO BE DISCARDED AT THE TIME OF INSPECTION.

Remarks

Signature of License Holder or Person in Charge

Dray MLO

Title _____

BROOKLYN BEAVER, REHSIT