

**State of Ohio**  
**Food Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility MC DONALD'S OF POMEROY	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 17	Date 04/11/2025
Address 423 WEST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder GREG L. MILLS	Inspection Time 130	Travel Time 7	Category/Descriptive CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply)	<input checked="" type="checkbox"/> Standard <input checked="" 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 <i>New Equipment (Dishwasher)</i>		Follow-up date (if required)  <i>11</i>
Water sample date/result (if required)  <i>11</i>			

**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 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	Certified Food Protection Manager		24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use		27 <input 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	No discharge from eyes, nose, and mouth		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	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 checked="" 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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> OUT <input 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		<b>Risk Factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.
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		<b>Public health interventions</b> are control measures to prevent foodborne illness or injury.
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 checked="" 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		

**State of Ohio**  
**Food Inspection Report**

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Name of Facility MC DONALD'S OF POMEROY	Type of Inspection sta ccp	Date 04/11/2025
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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

<b>Safe Food and Water</b>			<b>Utensils, Equipment and Vending</b>		
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	
<b>Food Temperature Control</b>					
40 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding		<b>Physical Facilities</b>		
42 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	
<b>Food Identification</b>					
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	
<b>Prevention of Food Contamination</b>					
45 <input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Existing Equipment and Facilities	
<b>Proper Use of Utensils</b>					
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		<b>Administrative</b>		
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 type="checkbox"/> N/A <input checked="" 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		NEW ECOLAB DISHWASHER WAS INSTALLED YESTERDAY 4/10/25. MODEL #XL-RWHH. WASH TEMPERATURES WERE REACHING 125.3F AND RINSE TEMPERATURES WERE REACHING 149.6F AT THE TIME OF INSPECTION. SANITIZER CONCENTRATION WAS AT 50PPM AT TIME OF INSPECTION. DISHWASHER HAS BEEN APPROVED FOR USE.  CCP POSITIVE COMMENT: KITCHEN IS CLEAN AND STAFF ARE KNOWLEDGEABLE ABOUT FOOD SAFETY.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils.  OBSERVED POP NOZZLES ON THE POP MACHINE AT THE FRONT LINE OF THE KITCHEN WITH BLACK RESIDUE BUILD-UP INSIDE. PIC TOOK POP NOZZLES OFF AT THE TIME OF INSPECTION, AND THEY WERE WASHED AND SANITIZED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0002		Protection from Contamination: Equipment food-contact surfaces or utensils are dirty.  OBSERVED THE POP NOZZLES ON THE FRONT LINE OF THE KITCHEN WITH BLACK RESIDUES. PIC REMOVED THE POP NOZZLES AND WASHED AND SANITIZED THEM AT THE TIME OF INSPECTION. CLEANING FREQUENCY SHOULD BE CHECKED TO ENSURE POP NOZZLES ARE BEING CLEANED AT A FREQUENCY THAT ENSURES RESIDUE BUILD-UP DOES NOT OCCUR. CONTAMINATION OF FOOD CONTACT SURFACES COULD RESULT IN CONTAMINATION OF FOOD PRODUCTS, WHICH INCREASES THE POSSIBILITY OF A FOODBORNE ILLNESS TO OCCUR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage  OBSERVED THE ORANGE SANDWICH WRAPPERS IN THE BACK STORAGE SHELVING AREAS WITH	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 04/11/2025
Environmental Health Specialist ELIZABETH FISHER RS/SIT# REHS #4130	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 MC DONALD'S OF POMEROY			Type of Inspection sta ccp	Date 04/11/2025
<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
			THE PLASTIC COVER MISSING. DEBRIS WAS GETTING ON THE FOOD WRAPPERS, SO PIC REMOVED THE WRAPPERS TO PLACE THEM IN A COVERED PACKAGE AT THE TIME OF INSPECTION.	<input type="checkbox"/> <input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED SOME DEBRIS IN THE CABINETS UNDER THE FRONT LINE, ESPECIALLY THE ONE CLOSEST TO THE ICE CREAM MACHINE. ENSURE AREAS ARE CLEANED TO REDUCE FOOD DEBRIS BUILD-UP.	<input type="checkbox"/> <input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED MOTION SENSOR FAUCET ON THE SINK IN THE WOMEN'S RESTROOM HAD A STEADY DRIP WHEN NOT IN USE. ENSURE FAUCET IS REPAIRED TO REDUCE RUNNING WATER.	<input type="checkbox"/> <input type="checkbox"/>

Person in Charge <i>Debra Larkins</i>	Date 04/11/2025
Environmental Health Specialist ELIZABETH FISHER RS/SIT# REHS #4130	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)