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

| Name of facility | Check one | License Number | Date |
|---|---|---|---|
| CHEADLE FARMS LLC | ☐ FSO  ☒ RFE | 12 | 06/03/2025 |

| Address | City/State/Zip Code |
|---|---|
| 40020 STANEART RD | ALBANY  OH 45710 |

| License holder | Inspection Time | Travel Time | Category/Descriptive |
|---|---|---|---|
| REXIE CHEADLE | 45 | 25 | MOBILE LOW RISK |

**Type of inspection (check all that apply)**

☒ Standard ☐ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variance Review ☐ Follow Up
☐ Foodborne ☐ 30 Day ☐ Complaint ☐ Pre-licensing ☐ Consultation

| Follow-up date (if required) | 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

#### Supervision

| | Status | |
|---|---|---|
| 1 | ☒ IN ☐ OUT ☐ N/A | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | ☐ IN ☐ OUT ☒ N/A | Certified Food Protection Manager |

#### Employee Health

| | Status | |
|---|---|---|
| 3 | ☐ IN ☐ OUT ☒ N/A | Management, food employees and conditional employees; knowledge, responsibilities and reporting |
| 4 | ☐ IN ☐ OUT ☒ N/A | Proper use of restriction and exclusion |
| 5 | ☒ IN ☐ OUT ☐ N/A | Procedures for responding to vomiting and diarrheal events |

#### Good Hygienic Practices

| | Status | |
|---|---|---|
| 6 | ☐ IN ☐ OUT ☒ N/O | Proper eating, tasting, drinking, or tobacco use |
| 7 | ☒ IN ☐ OUT ☐ N/O | No discharge from eyes, nose, and mouth |

#### Preventing Contamination by Hands

| | Status | |
|---|---|---|
| 8 | ☒ IN ☐ OUT ☐ N/O | Hands clean and properly washed |
| 9 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |
| 10 | ☐ IN ☐ OUT ☒ N/A | Adequate handwashing facilities supplied & accessible |

#### Approved Source

| | Status | |
|---|---|---|
| 11 | ☒ IN ☐ OUT | Food obtained from approved source |
| 12 | ☐ IN ☐ OUT ☐ N/A ☒ N/O | Food received at proper temperature |
| 13 | ☒ IN ☐ OUT | Food in good condition, safe, and unadulterated |
| 14 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Required records available: shellstock tags, parasite destruction |

#### Protection from Contamination

| | Status | |
|---|---|---|
| 15 | ☒ IN ☐ OUT ☐ N/A ☐ N/O | Food separated and protected |
| 16 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Food-contact surfaces: cleaned and sanitized |
| 17 | ☒ IN ☐ OUT | Proper disposition of returned, previously served, reconditioned, and unsafe food |

#### Time/Temperature Controlled for Safety Food (TCS food)

| | Status | |
|---|---|---|
| 18 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Proper cooking time and temperatures |
| 19 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Proper reheating procedures for hot holding |
| 20 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Proper cooling time and temperatures |
| 21 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Proper hot holding temperatures |
| 22 | ☒ IN ☐ OUT ☐ N/A | Proper cold holding temperatures |

#### Time/Temperature Controlled for Safety Food (TCS food)

| | Status | |
|---|---|---|
| 23 | ☐ IN ☐ OUT ☐ N/A ☒ N/O | Proper date marking and disposition |
| 24 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Time as a public health control: procedures & records |

#### Consumer Advisory

| | Status | |
|---|---|---|
| 25 | ☐ IN ☐ OUT ☒ N/A | Consumer advisory provided for raw or undercooked foods |

#### Highly Susceptible Populations

| | Status | |
|---|---|---|
| 26 | ☐ IN ☐ OUT ☒ N/A | Pasteurized foods used; prohibited foods not offered |

#### Chemical

| | Status | |
|---|---|---|
| 27 | ☐ IN ☐ OUT ☒ N/A | Food additives: approved and properly used |
| 28 | ☒ IN ☐ OUT ☐ N/A | Toxic substances properly identified, stored, used |

#### Conformance with Approved Procedures

| | Status | |
|---|---|---|
| 29 | ☐ IN ☐ OUT ☒ N/A | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 30 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Special Requirements: Fresh Juice Production |
| 31 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Special Requirements: Heat Treatment Dispensing Freezers |
| 32 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Special Requirements: Custom Processing |
| 33 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Special Requirements: Bulk Water Machine Criteria |
| 34 | ☐ IN ☐ OUT ☒ N/A ☐ N/O | Special Requirements: Acidified White Rice Preparation Criteria |
| 35 | ☐ IN ☐ OUT ☒ N/A | Critical Control Point Inspection |
| 36 | ☐ IN ☐ OUT ☒ N/A | Process Review |
| 37 | ☐ IN ☐ OUT ☒ N/A | Variance |

**Risk Factors** are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

**Public health interventions** are control measures to prevent foodborne illness or injury.

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

| Name of Facility | Type of Inspection | Date |
|---|---|---|
| CHEADLE FARMS LLC | sta | 06/03/2025 |

## 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

| 38 | ☐IN ☐OUT ☒N/A ☐N/O | Pasteurized eggs used where required |
|---|---|---|
| 39 | ☐IN ☐OUT ☒N/A | Water and ice from approved source |

### Food Temperature Control

| 40 | ☒IN ☐OUT ☐N/A ☐N/O | Proper cooling methods used; adequate equipment for temperature control |
|---|---|---|
| 41 | ☐IN ☐OUT ☒N/A ☐N/O | Plant food properly cooked for hot holding |
| 42 | ☐IN ☐OUT ☒N/A ☐N/O | Approved thawing methods used |
| 43 | ☒IN ☐OUT ☐N/A | Thermometers provided and accurate |

### Food Identification

| 44 | ☒IN ☐OUT | Food properly labeled; original container |
|---|---|---|

### Prevention of Food Contamination

| 45 | ☒IN ☐OUT | Insects, rodents, and animals not present/outer openings protected |
|---|---|---|
| 46 | ☒IN ☐OUT | Contamination prevented during food preparation, storage & display |
| 47 | ☒IN ☐OUT ☐N/A | Personal cleanliness |
| 48 | ☒IN ☐OUT ☐N/A ☐N/O | Wiping cloths: properly used and stored |
| 49 | ☐IN ☐OUT ☒N/A ☐N/O | Washing fruits and vegetables |

### Proper Use of Utensils

| 50 | ☐IN ☐OUT ☒N/A ☐N/O | In-use utensils: properly stored |
|---|---|---|
| 51 | ☒IN ☐OUT ☐N/A | Utensils, equipment and linens: properly stored, dried, handled |
| 52 | ☐IN ☐OUT ☒N/A | Single-use/single-service articles: properly stored, used |
| 53 | ☐IN ☐OUT ☒N/A ☐N/O | Slash-resistant, cloth, and latex glove use |

### Utensils, Equipment and Vending

| 54 | ☒IN ☐OUT | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
|---|---|---|
| 55 | ☐IN ☐OUT ☒N/A | Warewashing facilities: installed, maintained, used; test strips |
| 56 | ☒IN ☐OUT | Nonfood-contact surfaces clean |

### Physical Facilities

| 57 | ☐IN ☐OUT ☒N/A | Hot and cold water available; adequate pressure |
|---|---|---|
| 58 | ☐IN ☐OUT ☒N/A ☐N/O | Plumbing installed; proper backflow devices |
| 59 | ☐IN ☐OUT ☒N/A | Sewage and waste water properly disposed |
| 60 | ☐IN ☐OUT ☒N/A | Toilet facilities: properly constructed, supplied, cleaned |
| 61 | ☒IN ☐OUT ☐N/A | Garbage/refuse properly disposed; facilities maintained |
| 62 | ☒IN ☐OUT ☐N/A ☐N/O | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas |
| 63 | ☒IN ☐OUT | Adequate ventilation and lighting; designated areas used |
| 64 | ☐IN ☐OUT ☒N/A | Existing Equipment and Facilities |

### Administrative

| 65 | ☒IN ☐OUT ☐N/A | 901:3-4 OAC |
|---|---|---|
| 66 | ☐IN ☐OUT ☒N/A | 3701-21 OAC |

## 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 | | NO VIOLATIONS AT THE TIME OF INSPECTION. | ☐ | ☐ |

| Person in Charge | | Date 06/03/2025 |
|---|---|---|
| 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)