

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility PIZZA HUT 40732	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 81	Date 06/04/2025
Address 415 WEST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder TASTY HUT OF WV, LLC	Inspection Time 130	Travel Time 10	Category/Descriptive CLASS 3 <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) 06/11/2025	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		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		Chemical	
Good Hygienic Practices		27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		Conformance with Approved Procedures	
Preventing Contamination by Hands		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
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
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
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
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
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
Approved Source		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		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	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
Food separated and protected		<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>	
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 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 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 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 PIZZA HUT 40732		Type of Inspection sta	Date 06/04/2025
-------------------------------------	--	---------------------------	--------------------

GOOD RETAIL PRACTICES			
<p>Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.</p> <p>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</p>			
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 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	
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	
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	
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	Food properly labeled; original container	
Prevention of Food Contamination		901:3-4 OAC	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	
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	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils		3701-21 OAC	
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	
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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use	

Observations and Corrective Actions					
<p>Mark "X" in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation</p>					
Item No.	Code Section	Priority Level	Comment	COS	R
16	3717-1-04.5(A)(1)	C	<p>Cleanliness of equipment food-contact surfaces and utensils.</p> <p>OBSERVED CONTAINERS OF UTENSILS AND OTHER FOOD SERVICE ITEMS WITH DEBRIS IN THE BOTTOM OF THE CONTAINERS AND ON THE UTENSILS. ALL ITEMS AND CONTAINERS WERE REMOVED TO BE WASHED AND SANITIZED AT THE TIME OF INSPECTION.</p> <p>OBSERVED ICE WELL AT THE POP MACHINE WITH DEBRIS AND A HAIR INSIDE. PIC DISCARDED ALL ICE AND WASHED AND SANITIZED THE ICE WELL AT THE TIME OF INSPECTION.</p> <p>OBSERVED THE ICE MACHINE WITH BLACK RESIDUES INSIDE. ICE MACHINE WILL NEED TO BE CLEANED AND SANITIZED. ALL ICE WILL NEED TO BE REMOVED DURING THE PROCESS.</p>	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.6(B)	C	<p>Sanitizing frequency of utensils and food-contact surfaces.</p> <p>OBSERVED THE HIGH TEMP DISHWASHER WAS ONLY REACHING A RINSE TEMPERATURE OF ABOUT 160F. SURFACE TEMP OF DISHES ONLY REACHED 153F. RINSE CYCLE SHOULD REACH AT LEAST 180F TO ALLOW DISHES AND UTENSILS ARE PROPERLY SANITIZED BY USING HOT WATER. PIC CONTACTED THE MAINTENANCE COMPANY AT THE TIME OF INSPECTION. WILL FOLLOW-UP IN A WEEK. DISHWASHER SHOULD NOT BE OPERATED UNTIL IT HAS BEEN REPAIRED, AND IS REACHING THE REQUIRED SANITIZING TEMPERATURE.</p>	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(G)(2)	NC	<p>Kitchenware and tableware - handling.</p> <p>OBSERVED THE FORKS AND KNIVES IN THE CUP AT THE FRONT OF THE SERVICE AREA WITH THE FOOD-CONTACT SURFACE FACING UPWARD OUT OF THE CUP. ALL UTENSILS SHOULD HAVE THE</p>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge		Date 06/04/2025
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 PIZZA HUT 40732			Type of Inspection sta	Date 06/04/2025	
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
			HANDLE STORED UPWARD TO AVOID CONTAMINATION OF THE FOOD-CONTACT SURFACE.		
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage OBSERVED AN OPEN BOX OF FOOD SERVICE GLOVES WITH DUST AND OTHER DEBRIS ON THE GLOVES. THE FAN FROM THE AC UNIT WAS BLOWING ON THEM, RESULTING IN THE DEBRIS BUILD-UP. PIC DISCARDED BOX OF GLOVES AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)(2)	NC	Equipment components kept intact, tight, and adjusted OBSERVED THE DISHWASHER WAS ALSO OUT OF DETERGENT. DETERGENT SHOULD BE REPLACED WHEN DISHWASHER IS WORKING PROPERLY AND REACHING CORRECT TEMPERATURES.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices. OBSERVED THE SANITIZER TEST STRIPS STORED ABOVE THE 3-COMPARTMENT SINK WAS OUT OF DATE IN DEC OF 2024. NEEDS REPLACED.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED THE DISHWASHER IS AN ACCUMULATIVE AMOUNT OF GREASE AND DEBRIS BUILD-UP ON THE DOORS AND ALONG THE OUTSIDE OF THE MACHINE. INCREASE CLEANING FREQUENCY OF THE DISWASHER. OBSERVED THE DISHWASHER RACKS WITH ACCUMULATIVE AMOUNT OF GREASE RESIDUES. ALL RACKS SHOULD BE DEGREASED TO REMOVED BUILD-UP. OBSERVED GREASE SOILED SPRAY NOZZLE ON THE 3-COMPARTMENT SINK. OBSERVED STORAGE RACKS FOR THE UTENSILS WITH GREASE RESIDUE BUILD-UP. OBSERVED RESIDUE BUILD-UP ON THE RACK INSIDE THE PROOFER BY THE PREP TABLE COOLER. OBSERVED RESIDUE BUILD-UP ON THE WALK-IN COOLER DOOR HANDLE. OBSERVED DEBRIS IN THE TRACKS OF THE UPRIGHT BEVERAGE COOLER. OBSERVED COFFEE MACHINE WITH DEBRIS BUILD-UP.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED THE FAUCET STEM OF THE 3-COMPARTMENT SINK IS LEAKING, RESULTING IN AN ACCUMULATION OF CALCIUM BUILD-UP ON THE FAUCET. LEAK SHOULD BE REPAIRED.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge 		Date 06/04/2025
Environmental Health Specialist ELIZABETH FISHER RS/SIT# REHS #4130		Licensors: 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)