

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	Person in charge present, demonstrates knowledge, and performs duties	<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	<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			Consumer Advisory	
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	<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	Highly Susceptible Populations	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices			Chemical	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored, used
Preventing Contamination by Hands			Conformance with Approved Procedures	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	<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 type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	<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	<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			<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	<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	<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	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	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	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Process Review
Protection from Contamination			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	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	Risk Factors 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	Public health interventions 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		
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		

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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	54	<input type="checkbox"/> IN <input checked="" 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			56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Nonfood-contact surfaces clean
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	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
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	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
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
Food Identification			61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	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
Prevention of Food Contamination			63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Existing Equipment and Facilities
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	Administrative		
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC
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	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC
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					
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					
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
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils. 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. 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. 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.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.6(B)	C	Sanitizing frequency of utensils and food-contact surfaces. 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.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(G)(2)	NC	Kitchenware and tableware - handling. 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	<input type="checkbox"/>	<input type="checkbox"/>
Person in Charge				Date 06/04/2025	
Environmental Health Specialist ELIZABETH FISHER RS/SIT# REHS #4130			Lessor: 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				Type of Inspection	Date
PIZZA HUT 40732				sta	06/04/2025
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(l)	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 DISHWASHER. 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 <i>Elizabeth Fisher</i>	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 5351 The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)