

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility MEIGS COUNTY COUNCIL ON AGING	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 47	Date 07/25/2025
Address 100 BLAKESLEE DR.	City/State/Zip Code MIDDLEPORT OH 45760		
License holder LINDSAY MATSON	Inspection Time 140	Travel Time 10	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 checked="" 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) / /	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	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 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	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	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	26	<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	27	<input checked="" 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
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	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 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
Approved Source		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
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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 checked="" type="checkbox"/> IN <input 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 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

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility: MEIGS COUNTY COUNCIL ON AGING	Type of Inspection sta ccp flwup	Date 07/25/2025
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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 designation 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	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	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	Physical Facilities	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	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	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	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 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
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils			
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		

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		FOLLOW-UP INSPECTION WAS CONDUCTED IN REGARDS TO THE DISHWASHER THAT HAD BEEN REPLACED. PIC RAN THE DISHWASHER. WASH TEMP REACHED 154F, RINSE/SANITIZER TEMP REACHED 182, AND SURFACES TEMPERATURE WAS 168.1F, SO ALL MINIMUM TEMPS WERE MET. DISHWASHER IS APPROVED FOR USE. CCP POSITIVE COMMENT: ALL TEMPS WERE GOOD!	<input type="checkbox"/>	<input type="checkbox"/>
15	3717--0E.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. OBSERVED A BAG OF CHICKEN AND CONTAINER OF BEEF STORED ON THE SAME METAL TRAY IN THE BOTTOM OF THE UPRIGHT FRIDGE IN THE CAFE. BAG OF CHICKEN HAD STARTED TO LEAK DUE TO BEING LEFT OPEN. CHICKEN HAS A HIGHER REQUIRED COOKING TEMPERATURE OF 165F, WHILE GROUND BEEF HAS A LOWER COOK TEMPERATURE OF 155F. CONTAMINATION OF THE BEEF BY THE LEAKY CHICKEN COULD OCCUR, SO BEEF WAS MOVED TO HIGHER SHELF AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VIL-003		Protection from Contamination: Observed improper storage of food items. OBSERVED BAG OF LEAKY CHICKEN STORED ON THE SAME METAL TRAY IN THE CAFE. DUE TO THE DIFFERENT COOKING TEMPERATURE OF THE TWO MEATS, ITEMS SHOULD BE STORED SEPARATELY TO AVOID POSSIBLE CONTAMINATION OF EACH FOOD ITEM. CHICKEN MUST BE COOKED TO A MUCH HIGHER TEMPERATURE OF 165F THAN GROUND BEEF WITH NEEDS TO BE COOKED TO 155F. BECAUSE OF THIS, THE GROUND BEEF WAS MOVED TO A HIGHER SHELF TO AVOID POSSIBLE CONTACT WITH THE CHICKEN.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge ELIZABETH F. SHER	Date 07/25/2025
Environmental Health Specialist ELIZABETH F. SHER RS/SIT# REHS #4130	Licensor: Meigs County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NCN-CRITICAL

As per HEA 53C2B 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 MEIGS COUNTY COUNCIL ON AGING			Type of Inspection sta ccp flwup	Date 07/25/2025	
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
53	3717- 03.2(N)(3)	NC	Gloves - latex gloves OBSERVED BOXES OF LATEX GLOVES BEING USED IN THE MAIN KITCHEN AND IN THE CAFE. LATEX GLOVES WERE REMOVED AT THE TIME OF INSPECTION. LATEX GLOVES SHOULD NEVER BE USED IN FOOD SERVICE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
55	3717- 04.2(I)	NC	Sanitizing solutions - testing devices. OBSERVED BOTH THE CAFE AND THE KITCHEN DID NOT HAVE SANITIZER TEST STRIPS FOR THE QUAT SANITIZER BEING USED TO SANITIZE SURFACES. ENSURE QUAT AMMONIA TEST STRIPS ARE PURCHASED FOR BOTH AREAS.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717- 04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED CALCIUM BUILD-UP HAS FORMED ON THE OUTSIDE OF THE HOT WATER KETTLE IN THE CAFE AREA. ENSURE THE KETTLE IS THOROUGHLY CLEANED AND ALL CALCIUM DEPOSITS REMOVED. OBSERVED WAFFLE BATTER LEFT ON THE SIDE OF THE WAFFLE MAKER. ENSURE SURFACES ARE CLEANED AFTER FINISHED USING. OBSERVED METAL STORAGE PAN IN THE BOTTOM OF THE UPRIGHT COOLER IN THE CAFE WITH OLD FOOD RESIDUES ON IT. IF PAN IS USED TO STORE FOOD ITEMS ON, ESPECIALLY MEATS THAT LEAK, IT SHOULD BE WASHED AND SANITIZED MORE FREQUENTLY. FRIDGE SHOULD ALSO BE CLEANED MORE FREQUENTLY TO REDUCE BUILD-UP OF SOILS. OBSERVED BLACK RESIDUE FORMATION ON THE SEAL OF THE PREP TABLE COOLER DOOR IN THE CAFE. ENSURE AREA IS CLEANED AND SANITIZED. OBSERVED BLACK RESIDUE FORMATION ON THE RACKS OF THE UPRIGHT COOLER IN THE CAFE. INCREASE CLEANING FREQUENCY OF THE RACKS TO AVOID BUILD-UP. OBSERVED THE WALL BEHIND THE 3-COMPARTMENT SINK IN THE CAFE WAS SOILED WITH FOOD RESIDUES. INCREASE CLEANING FREQUENCY. OBSERVED STORAGE CONTAINER OF UTENSILS IN THE CAFE WITH SOILS AND OIL RESIDUES. ENSURE STORAGE CONTAINERS ARE CLEANED FREQUENTLY.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717- 05.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED FANS IN CAFE STARTING TO SHOW ACCUMULATION OF DUST.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Hendsey Matson</i>		Date 07/25/2025
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 1368 The Baldwin Group, Inc. (11/19)