

State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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|--|---|------------------------------------|---|
| Name of facility TACO BELL | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number 73 | Date 07/23/2025 |
| Address 420 WEST MAIN STREET | City/State/Zip Code POMEROY OH 45769 | | |
| License holder AG BELLS LLC | Inspection Time 85 | Travel Time 6 | Category/Descriptive CLASS 4 <25,000 SQ. FT. |
| Type of inspection (check all that apply) | | Follow-up date (if required) // | Water sample date/result (if required) // |
| <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 checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation | | | |

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

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| Name of Facility TACO BELL | Type of Inspection sta com ccp | Date 07/23/2025 |
|-------------------------------|-----------------------------------|--------------------|

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 | | | 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 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 | |
| Food Temperature Control | | | | | |
| 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 | | Physical Facilities | | |
| 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 type="checkbox"/> IN <input checked="" 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 | |
| Food Identification | | | | | |
| 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 | |
| Prevention of Food Contamination | | | | | |
| 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 | |
| Proper Use of Utensils | | | | | |
| 50 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | In-use utensils: properly stored | | Administrative | | |
| 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 | | NO CCP VIOLATIONS AT THE TIME OF INSPECTION. CCP POSITIVE COMMENT: ALL TEMPS WERE GOOD! | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | COMPLAINT HAD BEEN MADE IN REGARDS TO THE BELIEF THAT A DOG WAS IN THE KITCHEN AREA. THEY HAD STATED THEY WENT THROUGH THE DRIVE THROUGH AROUND 8:30PM ON 7/22 AND HAD HEARD A DOG BARKING, AND STATED THE BARKING WAS COMING FROM THE KITCHEN AREA OF THE FACILITY. COMPLAINTANT STATED THEY HAD NOT SEEN THE DOG, BUT THE DRIVE-THRU ATTENDANT HAD ADMITTED THERE WAS A DOG INSIDE. WHEN TALKING TO THE MANAGER AT THE TIME OF INSPECTION, HE STATED HE WAS ON DUTY AT THE TIME OF THE COMPLAINT, AND THERE HAD NEVER BEEN A DOG IN THE KITCHEN. MANAGER OFFERED TO PULL UP VIDEO FOOTAGE OF THE KITCHEN AT THE TIME OF INSPECTION. ENSURE THERE ARE NEVER ANIMALS IN THE KITCHEN AND FOOD PREP AREAS DUE TO POSSIBLE CONTAMINATION OF THE FOOD. | | |
| 2 | 3717-1-02.4(A)(2) | NC | Level Two Certified Manager OBSERVED THE CURRENT STORE MANAGER AND MANY OTHER STAFF MEMBERS HAD TAKEN THE SERVSAFE COURSE, BUT HAD NOT TURNED IN THE CERTIFICATIONS TO STATE OHIO DEPARTMENT OF HEALTH TO RECEIVE THE OFFICIAL CERTIFICATE. PIC PROVIDED HIS EMAIL SO INSTRUCTIONS WITH HOW TO SUBMIT CAN BE EMAILED TO HIM. | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | 3717-1-04.1(Y) | NC | Temperature measuring devices. OBSERVED THERMOMETER IN THE WALK-IN COOLER WAS BROKEN AND NEEDS TO BE REPLACED. | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 | 3717-1-03.2(K) | NC | In-use utensils - between-use storage. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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| Person in Charge | Date 07/23/2025 |
| 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 TACO BELL | | | | Type of Inspection sta com ccp | Date 07/23/2025 |
|---|-------------------|----------------|--|-----------------------------------|--------------------------|
| 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 |
| | | | OBSERVED THE HANDLE OF THE SERVING SPOON HAD FALLEN INTO THE REFRIDGED BEANS. SPOON HANDLE WAS REMOVED FROM THE BEANS AT THE TIME OF INSPECTION. ENSURE HANDLES ARE KEPT UP AND OUT OF THE FOOD TO REDUCE POSSIBLE CONTAMINATION. | | |
| 52 | 3717-1-04.8(E)(1) | NC | Single-service and single-use articles - storage OBSERVED CINNAMON SUGAR ON TOP OF THE BOX OF PAPER FOOD BAGS ON THE RACK BY THE OFFICE. ENSURE SINGLE-USE ITEMS ARE PROPERLY PROTECTED AND KEPT FREE OF DEBRIS. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | OBSERVED ROLL OF TOILET PAPER IN THE CLEANING CLOSET WITH DIRT DUE TO BE STORED BELOW THE BROOM. ENSURE ALL SINGLE-USE ITEMS ARE PROTECTED FROM DIRT AND DEBRIS. | | |
| 56 | 3717-1-04.5(D) | NC | Nonfood-contact surfaces - cleaning frequency. OBSERVED ACCUMULATION OF DEBRIS, RESIDUES, AND OLD STRAW WRAPPERS UNDER THE POP MACHINE IN THE DINING AREA. INCREASE CLEANING FREQUENCY. | <input type="checkbox"/> | <input type="checkbox"/> |
| 58 | 3717-1-05.1(S) | NC | Plumbing system - maintained in good repair. OBSERVED THE HANDSINK AT THE FRONT OF THE KITCHEN AREA WAS NOT WORKING BECAUSE THE FOOD PEDAL WAS BROKEN OFF. KITCHEN STILL HAVE ANOTHER HAND SINK THAT IS EASILY ACCESSIBLE AND IS THE MAIN ONE THAT IS USUALLY USED, BUT THE OTHER HAND SINK SHOULD ALSO BE REPAIRED TO ENSURE EMPLOYEES AT THE FRONT OF THE KITCHEN HAVE QUICK ACCESS TO A HAND SINK IF NEEDED. | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | 3717-1-06.4(B) | NC | Cleaning - frequency and restrictions. OBSERVED A POP SYRUP SPILL ON THE FLOOR BY THE POP SYRUP RACK. | <input type="checkbox"/> | <input type="checkbox"/> |

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| Person in Charge <i>Tyler Price</i> | | Date 07/23/2025 |
| 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)