

State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility ONE TWENTY FOUR MART	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 8	Date 09/17/2025
Address 31637 DEADMAN'S CURVE RD.	City/State/Zip Code POMEROY OH 45769		
License holder MASON COUNTY E. CORP.	Inspection Time 135	Travel Time 5	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) / /		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 = no: 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 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		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 Special Requirements: Fresh Juice Production
10 <input type="checkbox"/> IN <input checked="" 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 Special Requirements: Heat Treatment Dispensing Freezers
Approved Source			32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 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 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 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 type="checkbox"/> OUT <input checked="" 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 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 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		

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Name of Facility ONE TWENTY FOUR MART	Type of Inspection sta	Date 09/17/2025
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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 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
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 type="checkbox"/> N/A	<input checked="" 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 type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A		Thermometers provided and accurate
Food Identification				Administrative	
44	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT			Food properly labeled; original container
Prevention of Food Contamination				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT
45	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT		<input type="checkbox"/> N/A	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 type="checkbox"/> IN	<input checked="" 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				<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT
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
10	3717-1-05.1(O)(2)	C	Using a handwashing sink - other uses prohibited. OBSERVED ONE OF THE EMPLOYEES WASHING THE ICE OFF THE PULLED PORK PACKAGE IN THE DOUBLE HAND SINK BY THE DRY STOCK STORAGE AREA. HAND SINKS SHOULD BE USED FOR HANDWASHING ONLY. NOTHING SHOULD BE STORED INSIDE OF HAND SINKS, AND THEY SHOULD BE USED FOR HAND WASHING ONLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(C)	NC	Cooking and baking equipment - cleaning frequency OBSERVED THE BAKING PANS WITH ENCRUSTED AREAS ON THEM. NEW PANS NEED TO BE PURCHASED, OR ENCRUSTED FOOD NEEDS TO BE REMOVED.	<input type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.1(Y)	NC	Temperature measuring devices. OBSERVED DELI COOLER NEEDS THERMOMETER INSIDE.	<input type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.5(C)	NC	Food labels. OBSERVED THE HOT GRAB AND GO ITEMS DID NOT HAVE INDIVIDUAL FOOD LABELS ON EACH FOOD ITEMS. ENSURE EACH ITEM HAS LABELS WITH ALL INGREDIENTS TO ENSURE CUSTOMERS ARE AWARE OF INGREDIENTS.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.1(K)	NC	Insect control devices - design and installation. OBSERVED FLY TRAP INSTALLED ABOVE THE HAND SINK / DRY FOOD STOCK AREA. PIC REMOVED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation. OBSERVED SANITIZED SOLUTION USED TO WIPE AND SANITIZE COUNTERS HAD LOW SANITIZER CONCENTRATION. ENSURE ALL WIPING CLOTHES ARE STORED IN SANITIZED CONCENTRATION	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 09/17/2025
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 ONE TWENTY FOUR MART				Type of Inspection sta	Date 09/17/2025
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
			THAT MEET THE MANUFACTURERS STANDARDS. PIC REMADE SANITIZER SOLUTION AT THE TIME OF INSPECTION.		
51	3717-1-04.8(A)	NC	Equipment and utensils - air-drying required. OBSERVED THE CLEAN BAKING PANS AND OTHER EQUIPMENT DRYING ON TOWELS AND A CLOTH/RUBBER MAT ON THE DRAIN BOARD OF THE 3-COMPARTMENT SINK. ENSURE ALL EQUIPMENT IS DRIED ON SURFACES THAT ARE NOT CLOTH AND DOES NOT HOLD WATER, WHICH COULD HOLD BACTERIA.	<input type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage OBSERVED PACKAGE OF PEPSI LIDS WITH DUST ON THE PACKAGE. PIC REMOVED TO CLEAN OFF THE OUTSIDE PACKAGE AND SANITIZE. OBSERVED SOILED COFFEE LIDS ON THE COFFEE BAR WITH COFFEE SPLATTER. AFFECTED LIDS WERE DISCARDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED SPILLS AND SOILS IN THE BOTTOM OF THE DELI CASE COOLER. INCREASE CLEANING FREQUENCY. OBSERVED DEBRIS ACCUMULATION IN THE BOTTOM OF THE CABINETS UNDER THE COFFEE BAR. OBSERVED THE STORAGE RACK FOR THE COFFEE LIDS ON TOP OF THE COFFEE BAR IS SOILED. INCREASE CLEANING FREQUENCY. OBSERVED CALCIUM BUILD-UP INSIDE THE STEAM WELL. INCREASE CLEANING FREQUENCY.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED FLOORS THROUGHOUT THE FACILITY ARE STARTING TO SHOW EXCESSIVE SOILS AND DEBRIS, ESPECIALLY AROUND EQUIPMENT AND STORAGE RACKS THAT ARE HARDER TO MOVE.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED THE FAN ON TOP OF THE DELI COOLER WITH DUST ACCUMULATION. INCREASE CLEANING FREQUENCY TO AVOID DISCHARGE OF DUST AND DEBRIS ONTO FOOD AND FOOD PREP SURFACES.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Stacy Williamson</i>	Date 09/17/2025
Environmental Health Specialist ELIZABETH FISHER REG# 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)