

State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility DOUG'S CARRYOUT & GROCERY		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 3	Date 09/23/2025
Address 29539 STATE ROUTE 143		City/State/Zip Code ALBANY OH 45710		
License holder MICHAEL A. DOUGLAS		Inspection Time 175	Travel Time 25	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 = 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	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events	27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used
Good Hygienic Practices			28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, used
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use	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
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	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
Preventing Contamination by Hands			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
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing
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	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
10	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible	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
Approved Source			35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Critical Control Point Inspection
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Process Review
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	37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Variance
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated	Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.		
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	Public health interventions are control measures to prevent foodborne illness or injury.		
Protection from Contamination					
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected			
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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures			

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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.

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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 checked="" type="checkbox"/> IN	<input 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				65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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				66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 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 checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A		Utensils, equipment and linens: properly stored, dried, handled
52	<input checked="" type="checkbox"/> IN	<input 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 THE HAND SINK IN THE KITCHEN BATHROOM WAS FILTHY DUE TO IT BEING USED FOR THINGS OTHER THAN HANDWASHING. A HAND SINK IS FOR HAND WASHING ONLY. EXPLAINED TO PIC THAT CLEANING SUBSTANCES, MOP WATER, AND OTHER LIQUIDS ARE NOT ALLOWED TO BE DUMPED DOWN THE HAND SINK, AND MUST BE DUMPED IN THE MOP SINK ONLY. THE HAND SINK NEEDS TO BE THOROUGHLY CLEANED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils. OBSERVED THE TALL BEVERAGE GLASSED STORED IN THE WALK-IN BEVERAGE COOLER IN THE DOWNSTAIRS BAR HAD RESIDUE STILL IN THE BOTTOM. PIC REMOVED THE CUPS TO BE REWASHED AND RESANITIZED AT THE TIME OF INSPECTION. OBSERVED THE ICE MACHINE WITH BLACK RESIDUE INSIDE. PIC STARTED TO CLEAN THE ICE MACHINE AT THE TIME OF INSPECTION. OBSERVED THE MAGNETIC PIZZA CUTTER HOLDER ON THE WALL IN THE KITCHEN WAS SOILED WITH OLD FOOD DEBRIS WHILE CLEAN PIZZA CUTTERS WERE STORED ON THE HOLDER. ALL PIZZA CUTTERS WERE REMOVED TO BE WASHED AND SANITIZED, AND THE MAGNETIC HOLDER WAS CLEANED AND SANITIZED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding. OBSERVED COLD TCS FOOD ITEMS INCLUDING DELI MEATS, CHEESES, AND DELI SALADS TEMPING	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge MICHAEL DOUGLAS (EMAILED)	Date 09/23/2025
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

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Observations and Corrective Actions (continued)					
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Item No.	Code Section	Priority Level	Comment	COS	R
			AT 45-47F INSIDE THE DELI CASE. PIC STATED THEY HAD BEEN IN AND OUT OF THE COOLER QUITE A BIT DOING FOOD PREP AND PREPARING ORDERS. TEMPERATURE HAD NOT DECREASE FOR MUCH OF THE INSPECTION TIME, SO PIC LOWERED THE TEMPERATURE ON THE COOLER AND CLEANED OFF THE COMPRESSOR, WHICH WAS COVERED IN DUST. COOLER TEMP DROPPED TO 38.5F WITHIN 15 MINUTES OF TURNING THE TEMPERATURE DOWN, AND FOOD TEMPS STARTED TO DECREASE AS WELL.		
44	3717-1-03.5(C)	NC	Food labels. OBSERVED GRAB & GO COOKIES ON THE COUNTER WITHOUT FOOD LABELS ON EACH COOKIE. IF A FOOD ITEM IS AVAILABLE FOR THE CUSTOMER TO GRAB AND TAKE TO THE REGISTER, EACH ITEMS NEEDS TO HAVE A INGREDIENT LABEL WITH ALL REQUIRED INFORMATION. THE DISPLAY CASE MAY BE PLACED IN A MANNER THAT WOULD REQUIRE THE CUSTOMER TO ASK THE EMPLOYEE TO GET THE ITEM FOR THEM, WHICH WOULD THEN NOT MAKE THE LABEL A REQUIREMENT.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability OBSERVED SERVING TRAYS/BASKETS STORED ON CARDBOARD THAT WAS LINING THE RACK BESIDE THE HOT PIZZA PREP AREA. CARDBOARD IS NOT A CLEANABLE SURFACE, AND SHOULD NOT BE USED IN FOOD EQUIPMENT/UTENSIL STORAGE AREAS.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. OBSERVED THE REACH IN DELI CASE WAS TEMPING AROUND 47F. PIC STATED THEY HAD BEEN IN THE COOLER QUITE A BIT DOING FOOD PREP AND MAKING ORDERS. TEMPERATURE WAS NOT COMING DOWN FOR MOST OF THE INSPECTION, SO TEMPERATURE WAS TURNED DOWN LOWER, AND THE COMPRESSOR VENT WAS CLEANED OFF, WHICH WAS HEAVILY COVERED IN DUST. TEMPERATURE OF COOLER STARTED TO DECREASE AND DROPPED TO 38.5F WITHIN 15 MINUTES.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED THE BEVERAGE RACKS IN THE WALK-IN COOLER WITH BLACK RESIDUE ON THEM. INCREASE CLEANING FREQUENCY. OBSERVED THE WALLS BEHIND AND AROUND THE 3-COMPARTMENT SINK WITH RESIDUES AND FOOD SPLATTER. INCREASE CLEANING FREQUENCY. OBSERVED WALLS THROUGHOUT THE BACK KITCHEN AREA WERE SOILED WITH FOOD RESIDUES AND SAUCE SPLATTER. INCREASE CLEANING FREQUENCY. OBSERVED DEBRIS AND DEAD INSECTS ON TOP OF THE DEEP FREEZER BY THE MAIN ENTRANCE OF THE CARRYOUT AREA. OBSERVED FOOD DEBRIS ACCUMULATION IN THE BOTTOM OF THE PREP TABLES AND IN THE BOTTOM OF THE DEEP FREEZER WITH FREEZER BEEF. OBSERVED THE SHELVING ON THE BOTTOM OF THE PREP TABLE WHERE THE PIZZA BOXES ARE STORED WITH FOOD DEBRIS ACCUMULATION. INCREASE CLEANING FREQUENCY. OBSERVED STORAGE RACK BESIDE THE PIZZA PREP TABLE WITH DEBRIS ACCUMULATION. INCREASE CLEANING FREQUENCY.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED DEBRIS ACCUMULATION ON THE FLOOR, ESPECIALLY AROUND THE BASE OF THE WALLS AND UNDER EQUIPMENT THROUGHOUT THE CARRYOUT AND DOWNSTAIRS BAR. INCREASE CLEANING FREQUENCY IN THESE AREAS.	<input type="checkbox"/>	<input type="checkbox"/>

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As per HEA 5351 The Baldwin Group, Inc. (11/19)

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

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Observations and Corrective Actions (continued)					
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Item No.	Code Section	Priority Level	Comment	COS	R
			OBSERVED SPILLED/LEAKED GREASE UNDER AND AROUND THE DEEP FRYER WITH FOOD DEBRIS STUCK INSIDE IN THE GREASE. INCREASE CLEANING FREQUENCY AROUND FRYER.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.0(A)	NC	Indoor areas - surface characteristics OBSERVED THE WALL IN THE KITCHEN WHERE A 2 X 4 BEAM WAS REMOVED NOW LEAVING EXPOSED DRYWALL. THE WALL WILL NEED TO BE REPAIRED TO BE SMOOTH, NON POROUS AND EASILY CLEANABLE.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. OBSERVED THE PLASTIC COVERING ON THE WALL ABOVE THE FOOD STORAGE CONTAINER RACK HAS STARTED TO COME OFF, AND IS HANGING FROM THE WALL/CEILING..	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED BLACK RESIDUE AND DUST ACCUMULATION ON THE FAN IN THE WALK-IN BEVERAGE COOLER IN THE DOWNSTAIRS BAR. INCREASE CLEANING FREQUENCY.	<input type="checkbox"/>	<input type="checkbox"/>

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