

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility GLOECKNER'S CAFE	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 18	Date 09/29/2025
Address 110 EAST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder CHARLES GLOECKNER	Inspection Time 85	Travel Time 9	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	23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		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	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
Proper use of restriction and exclusion			
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	
Procedures for responding to vomiting and diarrheal events		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Good Hygienic Practices		Chemical	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper eating, tasting, drinking, or tobacco use		Food additives: approved and properly used	
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
No discharge from eyes, nose, and mouth		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	29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Hands clean and properly washed		Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		Special Requirements: Fresh Juice Production	
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Adequate handwashing facilities supplied & accessible		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
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Special Requirements: Custom Processing	
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
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Special Requirements: Bulk Water Machine Criteria	
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
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Special Requirements: Acidified White Rice Preparation Criteria	
Food in good condition, safe, and unadulterated		35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Critical Control Point Inspection	
Required records available: shellstock tags, parasite destruction		36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Protection from Contamination		Process Review	
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Food separated and protected		Variance	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness. Public health interventions are control measures to prevent foodborne illness or injury.	
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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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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	Pasturized eggs used where required	54	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55	
Food Temperature Control		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	56	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Warewashing facilities: installed, maintained, used; test strips	57	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Nonfood-contact surfaces clean	Physical Facilities	
42	<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	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved thawing methods used	59	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		Thermometers provided and accurate	60	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food properly labeled; original container	61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Insects, rodents, and animals not present/outer openings protected	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Wiping cloths: properly used and stored	Administrative	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Proper Use of Utensils		Slash-resistant, cloth, and latex glove use	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
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	901:3-4 OAC	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	3701-21 OAC	
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	Single-use/single-service articles: properly stored, used		

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
44	3717-1-03.5(A)	NC	Standards of identity OBSERVED HOUSEMADE RELISH STORED IN A AN UNLABELED JAR IN THE FRIDGE IN THE BACK KITCHEN AREA. ENSURE ITEMS ARE LABELED WITH THE COMMON NAME.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.4(L)	NC	Removing dead or trapped birds, insects, rodents, and other pests. OBSERVED EXCESSIVE GNATS THROUGHOUT THE FACILITY. ENSURE EXTRA MEASURES ARE TAKEN BY YOUR PEST MANAGEMENT COMPANY TO HELP REDUCE GNATS WITHIN THE FACILITY.	<input type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage OBSERVED FOAM BOWLS STORED OUTSIDE OF THE PACKAGE AND STORED IN AN UPRIGHT POSITION, ALLOWING THE FOOD-CONTACT SURFACE TO BE EXPOSED TO POSSIBLE CONTACT OR CONTAMINATION. ENSURE ALL SINGLE-USE ITEMS ARE BEING STORED IN THE PACKAGED OR IN AN INVERTED POSITION TO ENSURE CONTAMINATION DOES NOT OCCUR.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED STANDING WATER AND DEBRIS IN THE BOTTOM OF THE REACH-IN BEVERAGE COOLER BEHIND THE BAR (COOLER ON THE END CLOSEST TO THE ICE MACHINE AND THE ONE AGAINST THE WALL TO THE LEFT OF THE MINI FRIDGE). COOLERS NEED TO BE CLEANED AND ALL DRAINS CHECKED TO ENSURE THEY ARE NOT CLOGGED. OBSERVED THE COUNTERS ABOVE AND AROUND THE 3-COMPARTMENT SINK IN THE KITCHEN AREA WERE SOILED WITH DIRT AND RESIDUES. AREA NEEDS TO BE CLEANED.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge ELIZABETH FISHER RS/SIT# REHS #4130	Date 09/29/2025
Environmental Health Specialist ELIZABETH FISHER RS/SIT# REHS #4130	Licensors: 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 GLOECKNER'S CAFE				Type of Inspection sta		Date 09/29/2025	
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 DIRT AND DEBRIS INSIDE THE CABINETS IN THE KITCHEN AREA WHERE FOOD EQUIPMENT AND UTENSILS ARE STORED. INCREASE CLEANING FREQUENCY IN THESE AREAS. OBSERVED THE FORK/KNIVES/SPOONS HOLDER WAS STARTING TO HAVE SOME DEBRIS ACCUMULATION. ENSURE ALL CONTAINERS THAT ITEMS ARE STORED IN ARE FREQUENTLY CLEANED AND SANITIZED TO ENSURE DEBRIS AND RESIDUES DO NOT ACCUMULATE. OBSERVED THE DEEP FRYER AND THE WALLS/EQUIPMENT AROUND IT WITH GREASE ACCUMULATION. INCREASE CLEANING FREQUENCY OF THESE AREAS.				
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED A LEAK AROUND THE BASE OF THE TOILET IN THE MEN'S RESTROOM. ENSURE TOILET IS REPAIRED TO ELIMINATE WATER LEAK. OBSERVED THE COLD WATER ON THE HAND SINK IN THE KITCHEN AREA WAS NOT WORKING PROPERLY. ALL HAND SINKS NEED TO HAVE HOT AND COLD RUNNING WATER. ENSURE COLD WATER IS REPAIRED. OBSERVED FAUCET ON THE HAND SINK IN THE KITCHEN AREA WAS LEAKING.	<input type="checkbox"/>	<input type="checkbox"/>		
60	3717-1-05.4(H)	NC	Toilet room receptacle - covered. OBSERVED THE TRASH CAN IN THE WOMEN'S RESTROOM DID NOT HAVE A LID. ENSURE TO ADD LID TO TRASH CAN.	<input type="checkbox"/>	<input type="checkbox"/>		
61	3717-1-05.4(Q)	NC	Cleaning receptacles. OBSERVED THE TRASH CAN OUTSIDE BY THE STAIRS WITH RAIN WATER MIXED WITH TRASH AND OTHER LIQUIDS. TRASH CAN SHOULD BE EMPTIED AND CLEANED TO ENSURE IT DOES NOT ATTRACT PESTS. IF BEING KEPT OUTSIDE, IT SHOULD HAVE A TIGHT FITTING LID.	<input type="checkbox"/>	<input type="checkbox"/>		
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED SOILS AND DEBRIS ON THE FLOORS AROUND THE KITCHEN AREA, ESPECIALLY UNDER COUNTERS AND EQUIPMENT (BESIDE RANGE AND UNDER DEEP FRYER). INCREASE CLEANING FREQUENCY IN THESE AREAS.	<input type="checkbox"/>	<input type="checkbox"/>		

Person in Charge		Date 09/29/2025
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)