

**State of Ohio**  
**Food Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |  |                      |   |
|---|--|----------------------|---|
| Name of facility<br>GLOECKNER'S CAFE      | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE  | License Number<br>18 | Date<br>09/29/2025                              |
| Address<br>110 EAST MAIN STREET           | City/State/Zip Code<br>POMEROY OH 45769  |                      |   |
| License holder<br>CHARLES GLOECKNER       | Inspection Time<br>85  | Travel Time<br>9     | Category/Descriptive<br>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<br><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)<br>/ /             |
|   |  |                      | Water sample date/result (if required)<br>/ /   |

**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   |  |
|--|--|---|--|
| <b>Supervision</b>   |  |   |  |
| 1  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Person in charge present, demonstrates knowledge, and performs duties                           |  |
| 2  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Certified Food Protection Manager   |  |
| <b>Employee Health</b>   |  |   |  |
| 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 |  |
| 4  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Proper use of restriction and exclusion   |  |
| 5  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Procedures for responding to vomiting and diarrheal events                                      |  |
| <b>Good Hygienic Practices</b>   |  |   |  |
| 6  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O                                 | Proper eating, tasting, drinking, or tobacco use  |  |
| 7  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | No discharge from eyes, nose, and mouth   |  |
| <b>Preventing Contamination by Hands</b>   |  |   |  |
| 8  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | Hands clean and properly washed   |  |
| 9  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed     |  |
| 10   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Adequate handwashing facilities supplied & accessible   |  |
| <b>Approved Source</b>   |  |   |  |
| 11   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food obtained from approved source  |  |
| 12   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Food received at proper temperature   |  |
| 13   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food in good condition, safe, and unadulterated   |  |
| 14   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Required records available: shellstock tags, parasite destruction                               |  |
| <b>Protection from Contamination</b>   |  |   |  |
| 15   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated and protected  |  |
| 16   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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               |  |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b>  |  |   |  |
| 18   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><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<br><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<br><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  |  |
| <b>Consumer Advisory</b>   |  |   |  |
| 23   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper date marking and disposition   |  |
| 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Time as a public health control: procedures & records   |  |
| <b>Highly Susceptible Populations</b>  |  |   |  |
| 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              | Consumer advisory provided for raw or undercooked foods   |  |
| <b>Chemical</b>  |  |   |  |
| 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              | Pasteurized foods used; prohibited foods not offered  |  |
| 27   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              | Food additives: approved and properly used  |  |
| 28   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              | Toxic substances properly identified, stored, used  |  |
| <b>Conformance with Approved Procedures</b>  |  |   |  |
| 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan           |  |
| 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Fresh Juice Production  |  |
| 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Heat Treatment Dispensing Freezers  |  |
| 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Custom Processing   |  |
| 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Bulk Water Machine Criteria   |  |
| 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Acidified White Rice Preparation Criteria                                 |  |
| 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              | Critical Control Point Inspection   |  |
| 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              | Process Review  |  |
| 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              | Variance  |  |
| <b>Risk Factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness. |  |   |  |
| <b>Public health interventions</b> are control measures to prevent foodborne illness or injury.  |  |   |  |

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|                                      |                           |                    |
|--------------------------------------|---------------------------|--------------------|
| Name of Facility<br>GLOECKNER'S CAFE | Type of Inspection<br>sta | Date<br>09/29/2025 |
|--------------------------------------|---------------------------|--------------------|

**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 <input type="checkbox"/> N/O | 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   |   |  | 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 |  | 57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Hot and cold water available; adequate pressure                                       |  |
| 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                              |  | 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   |  |
| 42 <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Sewage and waste water properly disposed  |  |
| 43 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Thermometers provided and accurate                                      |  | 60 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Toilet facilities: properly constructed, supplied, cleaned                            |  |
| Food Identification  |   |  | 61 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Garbage/refuse properly disposed; facilities maintained                               |  |
| 44 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food properly labeled; original container                               |  | 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    |  |
| Prevention of Food Contamination   |   |  | 63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Adequate ventilation and lighting; designated areas used                              |  |
| 45 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Insects, rodents, and animals not present/outer openings protected      |  | 64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Existing Equipment and Facilities   |  |
| 46 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Contamination prevented during food preparation, storage & display      |  | Administrative   |   |  |
| 47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Personal cleanliness  |  | 65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 901:3-4 OAC   |  |
| 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                                 |  | 66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 3701-21 OAC   |  |
| 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   |   |  |  |   |  |
| 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 <input type="checkbox"/> N/O | Utensils, equipment and linens: properly stored, dried, handled         |  |  |   |  |
| 52 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 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                        |
|----------|-------------------|----------------|---|--------------------------|--------------------------|
| 44       | 3717-1-03.5(A)    | NC             | Standards of identity<br><br>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.<br><br>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<br><br>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.<br><br>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.<br><br>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   | Date<br>09/29/2025                          |
| Environmental Health Specialist<br>ELIZABETH FISHER RS/SIT# REHS #4130 | Licensor:<br>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<br>GLOECKNER'S CAFE | Type of Inspection<br>sta | Date<br>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                        |
|----------|----------------|----------------|--|--------------------------|--------------------------|
|          |                |                | <p>OBSERVED DIRT AND DEBRIS INSIDE THE CABINETS IN THE KITCHEN AREA WHERE FOOD EQUIPMENT AND UTENSILS ARE STORED. INCREASE CLEANING FREQUENCY IN THESE AREAS.</p> <p>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.</p> <p>OBSERVED THE DEEP FRYER AND THE WALLS/EQUIPMENT AROUND IT WITH GREASE ACCUMULATION. INCREASE CLEANING FREQUENCY OF THESE AREAS.</p> |                          |                          |
| 58       | 3717-1-05.1(S) | NC             | <p>Plumbing system - maintained in good repair.</p> <p>OBSERVED A LEAK AROUND THE BASE OF THE TOILET IN THE MEN'S RESTROOM. ENSURE TOILET IS REPAIRED TO ELIMINATE WATER LEAK.</p> <p>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.</p> <p>OBSERVED FAUCET ON THE HAND SINK IN THE KITCHEN AREA WAS LEAKING.</p>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 60       | 3717-1-05.4(H) | NC             | <p>Toilet room receptacle - covered.</p> <p>OBSERVED THE TRASH CAN IN THE WOMEN'S RESTROOM DID NOT HAVE A LID. ENSURE TO ADD LID TO TRASH CAN.</p>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 61       | 3717-1-05.4(Q) | NC             | <p>Cleaning receptacles.</p> <p>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.</p>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 62       | 3717-1-06.4(B) | NC             | <p>Cleaning - frequency and restrictions.</p> <p>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.</p>   | <input type="checkbox"/> | <input type="checkbox"/> |

|   |   |
|---|---|
| Person in Charge<br> | Date<br>09/29/2025                          |
| Environmental Health Specialist<br>ELIZABETH FISHER   | Licensor:<br>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)