

# State of Ohio

# Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility AMERICAN LEGION POST # 476	Check one	License Number	Date
	<input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	55	10/02/2025
Address 26100 LEGION ROAD	City/State/Zip Code LANGSVILLE OH 45741		
License holder AMERICAN LEGION POST # 476	Inspection Time 65	Travel Time 18	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	
<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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 <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 <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 <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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected		
16 <input checked="" type="checkbox"/> IN <input 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		
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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		
<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.			

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

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Name of Facility AMERICAN LEGION POST # 476	Type of Inspection sta	Date 10/02/2025
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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

<b>Safe Food and Water</b>			<b>Utensils, Equipment and Vending</b>		
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	
<b>Food Temperature Control</b>					
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 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		<b>Physical Facilities</b>		
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate		58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	
<b>Food Identification</b>					
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	
<b>Prevention of Food Contamination</b>					
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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 type="checkbox"/> IN <input checked="" 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	
<b>Proper Use of Utensils</b>					
50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	In-use utensils: properly stored		<b>Administrative</b>		
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 type="checkbox"/> IN <input checked="" 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		ENSURE OUTSIDE ANIMALS ARE KEPT OUTSIDE AND DO NOT COME IN THROUGH THE DOORS WHEN OPENED.  OPERATOR WAS GETTING READY FOR THE STEAK DINNER THAT IS TO BE HELD ON SATURDAY, 10/4. KITCHEN WAS A LITTLE CLUTTERED DUE TO THE EXTRA FOOD ITEMS THAT HAD BEEN PURCHASED AND WERE BEING PREPED FOR THE WEEKEND. OPERATOR IS NOT OPENING THE KITCHEN TONIGHT. KITCHEN WILL BE REORGANIZED BEFORE THE STEAK DINNER.	<input type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking.  OBSERVED CUT ONION AND LETTUCE WITHOUT DATE MARKS THAT WERE FROM SERVICE FROM LAST WEEK. PIC SET ASIDE TO TAKE HOME TO THEIR PETS AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.4(S)	NC	Single-service articles and single-use articles - use limitation.  OBSERVED SINGLE-USE KETCHUP BOTTLE BEING REUSED FOR PICKLE JUICE. SINGLE-USE ARTICLES ARE NOT ALLOWED TO BE REUSED TO STORE OTHER FOOD ITEMS IN, AND SHOULD BE DISCARDED WHEN EMPTIED.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency.  OBSERVED THE MINI FREEZER IN THE KITCHEN AREA WITH HEAVY ICE FORMATION. PIC STATED IT WAS THE NEXT FREEZER ON THE LIST TO BE DEFROSTED AND CLEANED.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing.  OBSERVED THE CORNER OF THE WALL IN THE STORAGE / UTILITY CLOSET IS DAMAGED AND HAS BLACK RESIDUE AROUND IT. ENSURE AREA IS REPAIRED AND CLEANED. OPERATOR STATED HE	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 10/02/2025
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 AMERICAN LEGION POST # 476				Type of Inspection sta	Date 10/02/2025
<b>Observations and Corrective Actions (continued)</b> 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
			WILL HAVE IT FIXED SOON.		
63	3717-1-06.3(C)	NC	Employee accommodations - designated areas OBSERVED PERSONAL HOME-CANED FOOD ITEMS STORED IN THE FRIDGE THAT WERE NOT LABELED AS PERSONAL.	<input type="checkbox"/>	<input type="checkbox"/>
66	3701-21-03	NC	Facility layout and equipment specifications for FSO OBSERVED A NEW RANGE HOOD ABOVE THE DEEP FRYERS. ENSURE ALL PERMITS AND INSPECTIONS ARE GOTTEN BEFORE INSTALLATION IS COMPLETE. PROVIDED CONTACT INFORMATION FOR SOUTHEAST OHIO BUILDING DEPARTMENT AT THE TIME OF INSPECTION.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge  Environmental Health Specialist ELIZABETH FISHER RS/SIT# REHS #4130	Date 10/02/2025
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)