

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

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility RUTLAND FIRE DEPARTMENT	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 53	Date 10/01/2025
Address 22 LARKIN ST.	City/State/Zip Code RUTLAND OH 45775		
License holder OPAL DYER	Inspection Time 30	Travel Time 10	Category/Descriptive MOBILE HIGH RISK
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			
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper date marking and disposition
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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			
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	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	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Good Hygienic Practices
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Preventing Contamination by Hands
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Approved Source
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Food additives: approved and properly used
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	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Protecting from Contamination
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Time/Temperature Controlled for Safety Food (TCS food)
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 <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production
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 <input type="checkbox"/> N/O	Special Requirements: Heat Treatment Dispensing Freezers
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	Special Requirements: Custom Processing
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	Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Public health interventions are control measures to prevent foodborne illness or injury.
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		
Protection from Contamination			
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 type="checkbox"/> N/A <input checked="" 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.

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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		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	
Food Temperature Control					
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		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		Physical Facilities		
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	
Food Identification					
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	
Prevention of Food Contamination					
45 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected		60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> IN <input 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	
Proper Use of Utensils					
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		Administrative		
51 <input type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used		66 <input checked="" type="checkbox"/> IN <input 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 ALL SURFACES THROUGHOUT THE MOBILE ARE CLEANED BEFORE NEXT EVENT/CLOSING OF THE MOBILE.  DEEP FREEZER IS STARTING TO HAVE RUST IN THE BOTTOM AND WILL NEED TO BE REPLACED SOON.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.7(C)	NC	Storage of soiled linens - methods.  OBSERVED USED TOWELS AND WIPING CLOTHES THROUGHOUT THE TRAILER. ENSURE USED AND SOILED LINENS ARE STORED IN A DESIGNATED BASKET/BAG AND LAUNDERED FREQUENTLY TO AVOID ATTRACTING PESTS.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment.  OBSERVED THE OUTSIDE OF THE CHEESE DISPENSER HAD FOOD RESIDUES. ENSURE SURFACES ARE CLEANED BEFORE NEXT EVENT OR BEFORE YOU ARE CLOSING THE MOBILE FOR THE SEASON.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Elizabeth Fisher</i>	Date 10/01/2025
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)