

State of Ohio
Food Inspection Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility COOLSPOT'S COUNTRY MARKET		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 40	Date 11/13/2025
Address 41670 STATE ROUTE 7		City/State/Zip Code REEDSVILLE OH 45772		
License holder COOL COUNTRY CORP		Inspection Time 185	Travel Time 21	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"/> Re-licensing <input type="checkbox"/> Consultation			Follow-up date (if required) / /	Water sample date/result (if required) / /

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																									
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d3d3d3;"> <th colspan="2" style="text-align: center;">Compliance Status</th> </tr> <tr style="background-color: #d3d3d3;"> <th colspan="2" style="text-align: center;">Supervisor</th> </tr> <tr> <td style="width: 5%; text-align: center;">1</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties</td> </tr> <tr> <td style="text-align: center;">2</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager</td> </tr> <tr style="background-color: #d3d3d3;"> <th colspan="2" style="text-align: center;">Employee Health</th> </tr> <tr> <td style="text-align: center;">3</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and 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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	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	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	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	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
48	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils			
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		

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
21	3717-1-03.4(F)(1-a)	C	Time/temperature controlled for safety food - hot holding. OBSERVED HOT HELD ITALIAN SUBS TEMPERING AT 130F. SUBS WERE WRAPPED IN ALUMINUM FOIL AND ALSO PLACED IN A PLASTIC CONTAINER. CONTAINER MAY NOT BE ALLOWING THE HEAT TO GET TO THE CONTENTS INSIDE. SANDWICHES HAD BEEN MADE DURING THE INSPECTION, ROUGHLY 30 MINUTES PRIOR, SO THEY WERE NOT MADE TO BE DISCARDED. PIC REMOVED ALL SANDWICHES FROM THE PLASTIC CONTAINERS, REHEATED THEM, AND PUT THEM BACK IN THE HOT CASE WHILE THEY WERE JUST WRAPPED IN THE FOIL. ENSURE ALL HOT HELD ITEMS ARE HELD AT A TEMP OF 135F OR HIGHER.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation. OBSERVED WET WIPING CLOTHES STORED ON THE COUNTER BETWEEN USES. ALL WET WIPING CLOTHES THAT ARE BEING USED THROUGHOUT SERVICE SHOULD BE STORED IN A SANITIZER SOLUTION BETWEEN USES. OBSERVED THE QUAT SANITIZER SOLUTION ON THE COUNTER IN THE DELI AREA THAT IS USED FOR WIPING CLOTHES DID NOT HAVE A SANITIZER CONCENTRATION AT THE REQUIRED LEVEL (200PPM). PIC CHANGED THE SANITIZER SOLUTION AT THE TIME OF INSPECTION TO ENSURE IT WAS AT THE CORRECT CONCENTRATION.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED THE INSIDE OF THE CONVECTION OVEN HAD AN ACCUMULATION OF ENCRUSTED FOOD. ENSURE SURFACES ARE CLEANED MORE FREQUENTLY. OBSERVED FOOD DEBRIS AND DUST ACCUMULATION ON THE BACKSPASH OF THE RANGE STOVE AND ON THE SHELF ABOVE THE STOVE. INCREASE CLEANING FREQUENCY OF THESE AREAS. OBSERVED THE BAKING SUPPLIES STORAGE CONTAINERS USE FOR FLOUR, SUGAR, ETC, WITH RESIDUES ON THE TOP FROM SPILLS / SPLASHED. ENSURE SURFACES ARE CLEANED.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge SHIRLEY LYONS - EMALED	Date 11/13/2025
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. (11/13)