

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

| | | | |
|---|---|--|---|
| Name of facility COURT STREET GRILL | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number 71 | Date 10/22/2025 |
| Address 112 COURT STREET | City/State/Zip Code POMEROY OH 45769 | | |
| License holder MOON GOONS, INC - JACKIE WELKER | Inspection Time 205 | Travel Time 5 | 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) 10/31/2025 | Water sample date/result (if required) / / |

| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="background-color: #e0e0e0;">Compliance Status</th></tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Supervision</th></tr> <tr> <td style="width: 5%;">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>2</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager</td> </tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Employee Health</th></tr> <tr> <td>3</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting</td> </tr> <tr> <td>4</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion</td> </tr> <tr> <td>5</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events</td> </tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Good Hygienic Practices</th></tr> <tr> <td>6</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use</td> </tr> <tr> <td>7</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth</td> </tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Preventing Contamination by Hands</th></tr> <tr> <td>8</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed</td> </tr> <tr> <td>9</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td> </tr> <tr> <td>10</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible</td> </tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Approved Source</th></tr> <tr> <td>11</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source</td> </tr> <tr> <td>12</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Food received at proper temperature</td> </tr> <tr> <td>13</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated</td> </tr> <tr> <td>14</td> <td><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</td> </tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Protection from Contamination</th></tr> <tr> <td>15</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected</td> </tr> <tr> <td>16</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized</td> </tr> <tr> <td>17</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food</td> </tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr> <td>18</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures</td> </tr> <tr> <td>19</td> <td><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</td> </tr> <tr> <td>20</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper cooling time and temperatures</td> </tr> <tr> <td>21</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures</td> </tr> <tr> <td>22</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures</td> </tr> </table> | 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 | 2 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager | 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 | 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 | 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 | 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth | Preventing Contamination by Hands | | 8 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed | 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 10 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible | Approved Source | | 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 | Protection from Contamination | | 15 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected | 16 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized | 17 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food | Time/Temperature Controlled for Safety Food (TCS food) | | 18 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="background-color: #e0e0e0;">Compliance Status</th></tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr> <td style="width: 5%;">23</td> <td><input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition</td> </tr> <tr> <td>24</td> <td><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</td> </tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Consumer Advisory</th></tr> <tr> <td>25</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods</td> </tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Highly Susceptible Populations</th></tr> <tr> <td>26</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered</td> </tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Chemical</th></tr> <tr> <td>27</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used</td> </tr> <tr> <td>28</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used</td> </tr> <tr><th colspan="2" style="background-color: #e0e0e0;">Conformance with Approved Procedures</th></tr> <tr> <td>29</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan</td> </tr> <tr> <td>30</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production</td> </tr> <tr> <td>31</td> <td><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</td> </tr> <tr> <td>32</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing</td> </tr> <tr> <td>33</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria</td> </tr> <tr> <td>34</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria</td> </tr> <tr> <td>35</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Critical Control Point Inspection</td> </tr> <tr> <td>36</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review</td> </tr> <tr> <td>37</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance</td> </tr> <tr> <td colspan="2" style="padding: 10px;"> <p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p> </td> </tr> </table> | Compliance Status | | Time/Temperature Controlled for Safety Food (TCS food) | | 23 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition | 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 | Consumer Advisory | | 25 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods | Highly Susceptible Populations | | 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered | Chemical | | 27 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used | 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used | Conformance with Approved Procedures | | 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <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 <input checked="" 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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preventing Contamination by Hands | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved Source | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protection from Contamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time/Temperature Controlled for Safety Food (TCS food) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time/Temperature Controlled for Safety Food (TCS food) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consumer Advisory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Highly Susceptible Populations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conformance with Approved Procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <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 <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 <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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <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 <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 <input checked="" type="checkbox"/> N/A Critical Control Point Inspection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| | | | |
|---|--|---------------------------|--------------------|
| Name of Facility COURT STREET GRILL | | Type of Inspection sta | Date 10/22/2025 |
|---|--|---------------------------|--------------------|

| 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 | 54 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Pasteurized eggs used where required | | 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Water and ice from approved source | | Warewashing facilities: installed, maintained, used; test strips | |
| Food Temperature Control | | 56 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| 40 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Nonfood-contact surfaces clean | |
| Proper cooling methods used; adequate equipment for temperature control | | Physical Facilities | |
| 41 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 57 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Plant food properly cooked for hot holding | | 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Approved thawing methods used | | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| 43 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Plumbing installed; proper backflow devices | |
| Thermometers provided and accurate | | 59 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Food Identification | | Sewage and waste water properly disposed | |
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Toilet facilities: properly constructed, supplied, cleaned | |
| Food properly labeled; original container | | 60 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Prevention of Food Contamination | | 61 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Garbage/refuse properly disposed; facilities maintained | |
| Insects, rodents, and animals not present/outer openings protected | | 62 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| 46 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| Contamination prevented during food preparation, storage & display | | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas | |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 63 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Personal cleanliness | | Adequate ventilation and lighting; designated areas used | |
| 48 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 64 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Wiping cloths: properly used and stored | | Existing Equipment and Facilities | |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Administrative | |
| Washing fruits and vegetables | | 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Proper Use of Utensils | | 901:3-4 OAC | |
| 50 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| In-use utensils: properly stored | | 3701-21 OAC | |
| 51 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | |
| Utensils, equipment and linens: properly stored, dried, handled | | | |
| 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 | | |
| 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 | | HOT WATER WITHIN THE FACILITY WILL NEED TO BE RETURNED AND HOT WATER TANK REPAIRED OR REPLACED WITHIN 10 DAYS. ALTERNATIVE MEANS TO HEAT WATER FOR WASHING, RINSING, AND SANITIZING UTENSILS, EQUIPMENT, AND OTHER SURFACES WILL NEED TO BE IMPLEMENTED. SEE VIOLATION COMMENTS BELOW. ALTERNATIVE MEANS TO HEAT WATER FOR WASHING HANDS WILL NEED TO BE IMPLEMENTED. SEE VIOLATION COMMENTS BELOW. IF HOT WATER IS NOT RETURNED TO THE FACILITY, AN ADMINISTRATIVE HEARING WILL BE SCHEDULED TO DETERMINE NEXT STEPS. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | 3717-1-02.4(A)(2) | NC | Level Two Certified Manager OBSERVED THE PREVIOUS MANAGER WHO HAD TAKEN AND PASSED THE LEVEL 2 MANAGER IN FOOD SAFETY COURSE IS NO LONGER WORKING AT THE FACILITY. EMPLOYEES STATED THEY DO NOT KNOW IF THEY ARE PLANNING ON RETURNING TO WORK. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | 3717-1-02.2(C) | C | Hands and arms: when to wash. OBSERVED THE EMPLOYEE WAS NOT WASHING THEIR HANDS AFTER DONNING NEW GLOVES. EMPLOYEE HANDLED RAW HAMBURGER WITH GLOVES ON, HANDLED A FOOD CONTAINER IN THE PREP TABLE COOLER BEFORE CHANGING GLOVES, AND THEN DISCARDED THE GLOVES. NEW | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--|---|
| Person in Charge | | Date 10/22/2025 |
| 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 COURT STREET GRILL | | | Type of Inspection sta | Date 10/22/2025 | |
|---|----------------------|----------------|---|---|--------------------------|
| 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>GLOVES WERE DOWNING BEFORE WASHING HANDS. IF A FOOD EMPLOYEE IS SWITCHING TASKS, SUCH AS GOING BETWEEN HANDLING RAW FOODS AND THEN HANDLING READY-TO-EAT FOODS, THEY SHOULD BE CHANGING GLOVES AND WASHING HANDS BETWEEN TASKS. EXPLAINED TO EMPLOYEE THE IMPORTANCE OF HAND WASH NG AT THE TIME OF INSPECTION.</p> <p>OBSERVED HAND SINK IN THE KITCHEN WAS NOT BEING USED FOR HAND WASHING. EMPLOYEE STATED THEY WASH THEIR HANDS IN THE RESTROOM. HANDS SHOULD BE PROPERLY WASHED WHEN ENTERING A KITCHEN, IN ADDITION TO WASHING THEIR HANDS BEFORE LEAVING THE RESTROOM. EXPLAINED THE IMPORTANCE OF CORRECT HAND WASHING TO THE FOOD EMPLOYEE.</p> | | |
| 10 | 3717-1-05.1(C)(1) | NC | <p>Handwashing sink - required water temperature</p> <p>OBSERVED THERE WAS NO HOT WATER WITHIN THE FACILITY DUE TO THE HOT WATER TANK NOT WORKING. SEE COMMENTS FOR 5.1(H) BELOW.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | 3717-1-06.2(B) | NC | <p>Handwashing cleanser - availability.</p> <p>OBSERVED THERE WAS NO HAND SOAP AT THE HAND SINK IN THE KITCHEN AT THE TIME OF INSPECTION. HAND SOAP WAS ADDED AT THE TIME OF INSPECTION.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | 3717-1-03.2(C) | C | <p>Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation.</p> <p>OBSERVED OPEN BAGS OF FROZEN CHICKEN WITH LARGE HOLE RIPPED IN THE BAGS, ALLOWING FOOD TO FALL OUT OF THE BAGS ONTO OTHER FOOD ITEMS BELOW.</p> <p>OBSERVED TRAY OF FROZEN BACON WRAPPED SAUSAGES WITHOUT A COVER TO PROTECT FROM FALLING FOOD DEBRIS FROM THE TOP SHELF. ENSURE ALL FOOD ITEMS ARE PROPERLY COVERED AND PROTECTED FROM CONTAMINATION.</p> <p>PIC PUT ITEMS INTO NEW BAGS AND COVERED THE TRAY OF SAUSAGES AT THE TIME OF INSPECTION.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16 | 3717-1-04.5(A)(1) | C | <p>Cleanliness of equipment food-contact surfaces and utensils.</p> <p>OBSERVED BLACK RESIDUES ON THE CONTAINERS/BUCKETS USED TO THAW OUT HAMBURGER IN. PIC STARTED TO HEAT UP WATER (SEE VIOLATION 5.0(H)) TO FILL 3-COMPARTMENT SINKS TO WASH AND SANITIZE ALL DISHES AND OTHER EQUIPMENT AT THE TIME OF INSPECTION.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17 | 3717-1-03.6(A) | C | <p>Discarding/reconditioning unsafe, adulterated, or not honestly presented food</p> <p>OBSERVED A BAG OF OLD PEELED GARLIC CLOVES THAT HAD TURNED SOFT AND HAD A SLIMY COATING ON THEM. PIC DISCARDED AT THE TIME OF INSPECTION.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21 | 3717-1-03.4(F)(1)(a) | C | <p>Time/temperature controlled for safety food - hot holding.</p> <p>OBSERVED LIQUID NACHO CHEESE STORED IN A MEASURING CUP ON TOP OF THE PIZZA OVEN. CHEESE WAS TEMPING AT 85.5F. CHEESE HAD NOT BEEN PULLED LONG BEFORE BEING FOUND, SO PIC PLACE THE CHEESE IN THE FRIDGE AT THE TIME OF INSPECTION.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23 | 3717-1-03.4(G) | C | <p>Ready-to-eat, time/temperature controlled for safety food - date marking.</p> <p>OBSERVED DATE MARKS ON TCS FOOD ITEMS THAT WERE ALLOWING THE FOOD TO BE KEPT FOR 8 DAYS INSTEAD OF 7 DAYS DUE TO NOT COUNTING THE PREP/OPEN DATE AS DAY 1. PIC STARTED TO CHANGE DATES AT THE TIME OF INSPECTION.</p> <p>OBSERVED CONTAINERS OF FOOD ITEMS, INCLUDING PIZZA SAUCE, THAT HAD AN INCORRECT TAKE ON THE LID DUE TO PREVIOUS EMPLOYEES NOT THOROUGHLY WASHING OFF THE OLD DATE MARK FROM THE PREVIOUS BATCH. PIC CHANGED THE DATES AT THE TIME OF INSPECTION.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23 | 3717-1-03.4(H) | C | <p>Ready-to-eat, time/temperature controlled for safety food - disposition.</p> <p>OBSERVED RAW PHILLY MEAT WITH A DISCARD DATE OF 10/18. PIC DISCARDED AT THE TIME OF</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Person in Charge | | | | Date 10/22/2025 | |
| 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)

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

| Name of Facility COURT STREET GRILL | | | Type of Inspection sta | | Date 10/22/2025 | |
|---|-------------------|----------------|---|---|--------------------------|--|
| 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 | |
| | | | INSPECTION. OBSERVED HOUSEMADE PICKLED ONIONS WITH A DATE OF 10/6. PIC DISCARDED AT THE TIME OF INSPECTION. OBSERVED COOKED GROUND ITALIAN SAUSAGE WITH DATE MARK OF 10/6. PIC DISCARDED AT THE TIME OF INSPECTION. | | | |
| 43 | 3717-1-04.1(Y) | NC | Temperature measuring devices. OBSERVED PIC COULD NOT LOCATE A FOOD THERMOMETER AT THE TIME OF INSPECTION. OBSERVED THE THERMOMETER INSIDE THE WALK-IN COOLER WAS NOT WORKING. BATTERIES NEED TO BE REPLACED, OR THE THERMOMETER NEEDS TO BE REPLACED. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 46 | 3717-1-03.2(Q) | NC | Food storage - preventing contamination from the premises. OBSERVED JUGS OF FLAVORED SYRUPS AND CONTAINERS OF SPICES IN THE BASEMENT WITH DUST AND DEBRIS ON THE OUTSIDES OF THE CONTAINERS. FOOD ITEMS SHOULD BE STORED IN A WAY THAT ELIMINATES THE POSSIBILITY OF CONTAMINATION FROM OUTSIDE SOURCES. CONTAINERS WILL NEED TO BE CLEANED AND STORED IN A LOCATION WHERE CONTAINERS CANNOT BECOME HEAVILY SOILED. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 52 | 3717-1-04.8(E)(1) | NC | Single-service and single-use articles - storage OBSERVED BAGS OF SINGLE-USE PLASTIC CONTAINERS AND LIDS WITH DIRT AND DEBRIS ON THE PACKAGING. PACKAGING WAS ALSO OPEN ON MULTIPLE PACKAGES OF CONTAINERS. ALL CONTAINERS THAT ARE SOILED SHOULD BE DISCARDED, AND OTHER PACKAGING SHOULD BE WIPED OFF AND SANITIZED IF PLANNING TO BE USED. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 54 | 3717-1-04.4(A) | NC | Equipment - good repair and proper adjustment. OBSERVED THE UPRIGHT COMMERCIAL FRIDGE AND THE PREP TABLE COOLER WITH STANDING WATER IN THE BOTTOM WITH CONTAINERS OF FOOD SITTING IN THE WATER. PIC STATED HE WAS GOING TO WIPE OUT THE FRIDGES AND REMOVE THE WATER TONIGHT. EQUIPMENT SHOULD BE REPAIRED TO ENSURE EXCESSIVE WATER ACCUMULATION DOES NOT OCCUR IN THE BOTTOM. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 55 | 3717-1-04.2(I) | NC | Sanitizing solutions - testing devices. OBSERVED THE PIC COULD NOT LOCATE THE SANITIZER TEST STRIPS AT THE TIME OF INSPECTION. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 56 | 3717-1-04.5(D) | NC | Nonfood-contact surfaces - cleaning frequency. OBSERVED THE DRAIN BELOW THE ON-TAP BEER DISPENSERS WITH OLD BEER AND GNATS INSIDE. EMPLOYEE CLEANED THE DRAIN AT THE TIME OF INSPECTION. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 57 | 3717-1-05(H) | C | Water - capacity OBSERVED THE FACILITY DID NOT HAVE HOT RUNNING WATER AT THE TIME OF INSPECTION. EMPLOYEE STATED THE HOT WATER TANK HAD NOT BEEN WORKING FOR ABOUT A WEEK. ALTERNATIVE METHODS FOR HEATING HOT WATER TO FILL UP THE 3-COMPARTMENT SINK TO WASH, RINSE, AND SANITIZE DISHES WILL NEED TO BE USED. WATER FOR THE WASH SOLUTION NEEDS TO BE AT LEAST 110F. EMPLOYEE HAD BEEN HEATING UP WATER ON THE FLATTOP THROUGHOUT THE TIME PERIOD THEY HAVE NOT HAD HOT WATER. ALTERNATIVE METHODS TO HEAT WATER FOR HAND WASHING WILL NEED TO BE USED UNTIL HOT WATER CAPACITY HAS RETURNED AND THE HOT WATER TANK HAS BEEN REPAIRED OR REPLACED. AN INSULATED CONTAINER WITH A POUR SPOUT MAY BE USED TO STORE WATER THAT IS AT LEAST 85F FOR HAND WASHING. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Person in Charge | | | | Date 10/22/2025 | | |
| 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)

State of Ohio
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| Item No. | Code Section | Priority Level | Comment | COS | R |
| | | | HOT WATER CAPACITY WILL NEED TO BE RETURNED WITHIN 10 DAYS. IF IT IS NOT RETURNED, THEN AN ADMINISTRATIVE HEARING WILL BE SCHEDULED WHERE NEXT STEPS WILL BE DETERMINED. 10-DAY FOLLOW-UP WILL BE SCHEDULED FOR 10/31/2025. | | |
| 58 | 3717-1-05.1(S) | NC | Plumbing system - maintained in good repair. OBSERVED THE COLD WATER HANDLE WAS NOT WORKING PROPERLY ON THE HAND SINK IN THE KITCHEN. HANDLE MUST BE REPAIRED SO COLD WATER CAN BE FULLY FUNCTIONAL AT THE HAND SINK. OBSERVED A WATER LEAK UNDER THE 3-COMPARTMENT SINK AT THE BAR SINK. OBSERVED THE HOT WATER HANDLE ON THE HAND SINK IN THE UPSTAIRS RESTROOM WAS NOT OPERATING PROPERLY. OBSERVED A WATER LEAK IN THE PLUMBING UNDER THE HAND SINK IN THE UPSTAIRS RESTROOM. OBSERVED THE COLD WATER HANDLE ON THE 3-COMPARTMENT SINK IN THE KITCHEN WAS REPLACED WITH VISE-GRIP PLIERS. HANDLE WILL NEED TO BE REPLACED. OBSERVED THE FAUCET ON THE 3-COMPARTMENT SINK DOES NOT PROPERLY REACH ALL OF THE SINK BASINS. NEW FAUCET THAT REACHES ALL SINK BASINS WILL NEED TO BE REPLACED. | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | 3717-1-06.4(A) | NC | Repairing. OBSERVED MULTIPLE MISSING AND SOILED CEILING TILES ABOVE FOOD PREP AREAS IN THE KITCHEN. | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | 3717-1-06.4(B) | NC | Cleaning - frequency and restrictions. OBSERVED AREAS THROUGHOUT THE FACILITY, ESPECIALLY THOSE UNDER EQUIPMENT AND AROUND THE BASE OF THE WALLS WITH SOIL AND DEBRIS ACCUMULATION. INCREASE CLEANING FREQUENCY. | <input type="checkbox"/> | <input type="checkbox"/> |
| 63 | 3717-1-06.3(C) | NC | Employee accommodations - designated areas OBSERVED FOOD EMPLOYEES PERSONAL HOODIE LAYING ON TOP OF PIZZA BOXES STORED BY THE BACK KITCHEN EXIT. | <input type="checkbox"/> | <input type="checkbox"/> |

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|--|---|--------------------|
| Person in Charge <i>Paula Ashley</i> | | Date 10/22/2025 |
| Environmental Health Specialist ELIZABETH FISHER RS/SIT# REHS #4130 | Licensor: Meigs County Health Department | |