

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility MI BOYZ	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 70	Date 11/06/2025
Address 39825 ST 143	City/State/Zip Code POMEROY OH 45769		
License holder COLTON STEWART - CODY STEWART	Inspection Time 150	Travel Time 7	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	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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		Consumer Advisory	
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	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	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
Preventing Contamination by Hands		Conformance with Approved Procedures	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	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
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	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
10	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	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
Approved Source		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
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: Bulk Water Machine Criteria
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: Acidified White Rice Preparation Criteria
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 Critical Control Point Inspection
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 Process Review
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	<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>	
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food		
Time/Temperature Controlled for Safety Food (TCS food)			
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 checked="" type="checkbox"/> IN <input 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		

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Name of Facility MI BOYZ	Type of Inspection sta	Date 11/06/2025
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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

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 checked="" type="checkbox"/> IN <input 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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved thawing methods used		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
Thermometers provided and accurate		Sewage and waste water properly disposed	
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Food properly labeled; original container		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination		Garbage/refuse properly disposed; facilities maintained	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<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		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	901:3-4 OAC	
Washing fruits and vegetables		66	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Proper Use of Utensils		3701-21 OAC	
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 type="checkbox"/> IN <input checked="" 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		KITCHEN ADD-ON WITH NEW ELECTRICAL AND PLUMBING HAS BEEN ADDED WITHOUT PERMITS AND PLAN REVIEW APPROVALS. SEE VIOLATION BELOW.	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(E)	NC	Handwashing signage. OBSERVED THE 'EMPLOYEES MUST WASH HANDS' HAD BEEN DAMAGED IN THE MEN'S RESTROOM. NEW SIGN WAS SENT TO OWNER / OPERATOR VIA EMAIL.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(C)	NC	Cooking and baking equipment - cleaning frequency OBSERVED ACCUMULATION ON FOOD CRUSTS IN THE GRILLS AND THE SMOKERS ON THE PATIO THAT ARE USED FOR FOOD SERVICE. ENSURE SURFACES ARE CLEANED, AND ALL ENCRUSTED DEBRIS IS REMOVED AT A FREQUENCY THAT DOES NOT ALLOW ACCUMULATION.	<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 CONTAINER OF SAUSAGE PIECES WITH AN OLD DATE MARKING STICKER FROM WHEN THE LID WAS USED FOR QUESO CHEESE WITH A DATE OF 10/5. PIC ADDED THE CORRECT DATE MARK TO THE SAUSAGE AT THE TIME OF INSPECTION. ENSURE ALL OLD STICKERS ARE REMOVED TO ENSURE DATE MARKING CONFUSION DOES NOT OCCUR. OBSERVED HOUSEMADE 'MEIGS GOLD' SAUCE WITH A DISCARD DATE OF 10/29 IN THE UPRIGHT FRIDGE BESIDE THE WALK-IN COOLER. SAUCE WAS DISCARDED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(A)	NC	Equipment and utensils - air-drying required. OBSERVED FOOD STORAGE CONTAINERS STACKED WITH WATER DROPLETS STILL LEFT INSIDE. PIC UNSTACKED THE STORAGE CONTAINERS TO ALLOW THEM TO DRY AT THE TIME OF	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge COLTON STEWART - EMAILED	Date 11/06/2025
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. (11/19)

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

Name of Facility MI BOYZ			Type of Inspection sta	Date 11/06/2025	
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.		
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage OBSERVED DOORS HAS BEEN REMOVED OFF THE SMALL DRY STOCK STORAGE AREA WHERE THE BOXES OF PLASTIC SINGLE-USE CUPS AND FOOD CONTAINERS ARE STORED. SINGLE-USE ITEMS WERE STILL BEING STORED INSIDE. SINCE ITEMS ARE EXPOSED TO THE ELEMENTS, ANIMALS, AND OTHER POSSIBLE SOURCES OF CONTAMINATION, PIC REMOVED ALL ITEMS AND PLACED THEM IN THE STORAGE SHEET AT THE TIME OF INSPECTION.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. OBSERVED THE SLIDING LID ON THE RIGHT SIDE OF THE BEER COOLER AT THE END OF THE BAR AREA WAS DAMAGED / NOT PROPERLY SHUTTING WITH TAPE ON IT. TAPE IS NOT A CLEANABLE SURFACE AND SHOULD NOT BE USED IN FOOD SERVICE. REPAIR BEER COOLER LID.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability OBSERVED OLD DATE MARKING STICKERS ON FOOD CONTAINERS (INCLUDING A QUESO STICKER ON A CONTAINER OF SAUSAGE PIECES), THAT HAVE NOT BEEN REMOVED DURING THE WASHING AND SANITIZING PROCESS. STICKERS CAN HOLD MOISTURE WHICH CAN RESULT IN BACTERIA GROWTH, SO ALL STICKERS SHOULD BE FULLY REMOVED BEFORE CONTAINERS AND LIDS ARE USED AGAIN.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices. OBSERVED THE FACILITY DOES NOT HAVE SANITIZER TEST STRIPS TO TEST THE CONCENTRATION OF THE SANITIZER SOLUTION. PIC STATED THEY SHOULD BE COMING ON THE TRUCK, SINCE THEY JUST RAN OUT THE PREVIOUS DAY.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED ICE FORMATION WITH STUCK FOOD DEBRIS IN THE BOTTOM OF THE UPRIGHT FREEZER BESIDE THE ICE MACHINE. INCREASE CLEANING FREQUENCY.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(K)	NC	Water, plumbing, and waste: plumbing system. OBSERVED GRAY DISCHARGE IN THE DITCH OUTSIDE OF THE FACILITY DUE TO PLUMBING ISSUES. PIC HAS STATED THE CONTRACTOR IS COMING SOON TO MAKE REPAIRS TO ENSURE DISCHARGE DOES NOT OCCUR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED THE NEW URINAL THAT HAS BEEN PUT IN HAS A SMALL LEAK AROUND THE RUBBER GASKET AT THE TOP OF THE URINAL WHEN FLUSHED. LEAK IS CAUSING SOME RUST / CORROSION DAMAGE. ENSURE LEAK HAS BEEN REPAIRED TO REDUCE FURTHER DAMAGE TO THE URINAL.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.0(A)	NC	Indoor areas - surface characteristics OBSERVED THE HAND SINK STAND IN THE MEN'S RESTROOM IS MADE OF BARE WOOD. WOOD IS POROUS AND CAN ABSORB MOISTURE. ENSURE SURFACE IS PAINTED OR STAINED TO ENSURE THE WOOD IS NO LONGER POROUS.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. OBSERVED A BROKEN FLOOR TILE WITH A LARGE PIECE MISSING IN THE WOMEN'S RESTROOM. AREA NEEDS TO BE REPAIRED TO BE SMOOTH AND EASILY CLEANABLE.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.3(C)	NC	Employee accommodations - designated areas OBSERVED MULTIPLE PERSONAL FOOD ITEMS (OPEN PACKAGE OF HOT DOGS AND HOMEMADE CANNED FOOD ITEMS) WERE STORED IN THE FRIDGES AND COOLERS THROUGHOUT THE FACILITY. ALL PERSONAL FOOD ITEMS SHOULD BE STORED IN A DESIGNATED AREA, BELOW FOOD ITEMS THAT ARE TO BE PREPARED / SERVED IN THE FACILITY, AND LABELED AS 'PERSONAL'.	<input type="checkbox"/>	<input type="checkbox"/>
66	3701-21-03	NC	Facility layout and equipment specifications for FSO OBSERVED STRUCTURAL, ELECTRICAL, AND PLUMBING ADDITIONS HAVE BEEN MADE TO THE KITCHEN AREA OF THE FACILITY. AN OUTER FACING WALL HAS BEEN REMOVED IN THE BACK OF	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge COLTON STEWART - EMAILED		Date 11/06/2025
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

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Name of Facility MI BOYZ			Type of Inspection sta	Date 11/06/2025	
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
			THE KITCHEN, AND ADDITIONAL SPACE WITH A CONCRETE FLOOR, PLUMBING, AND ELECTRICAL WAS FOUND TO HAVE BEEN ADDED THROUGHOUT THE SPACE. THE HEALTH DEPARTMENT HAD NOT BEEN CONTACTED TO MAKE ARRANGEMENTS FOR A PLAN REVIEW, AND PERMITS HAD NOT BEEN OBTAINED FOR ALL OF THE NEW ADDITIONS. CONTACT INFORMATION TO THE SOUTHEAST OHIO BUILDING DEPARTMENT (SEOBD) HAS BEEN PROVIDED TO THE OWNER/OPERATOR VIA EMAIL. ALL DOCUMENTS WILL NEED TO BE SENT TO SEOBD TO OBTAIN ALL REQUIRED PERMITS AND INSPECTIONS. PLAN REVIEW WITH THE HEALTH DEPARTMENT WILL ALSO NEED TO BE COMPLETED FOR THE NEW SPACE AND ANY NEW EQUIPMENT THAT WILL BE ADDED.		

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