

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

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility ROADSIDE HOT SPOT, LLC	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 29	Date 11/03/2025
Address 53160 NU BEGINNING ROAD	City/State/Zip Code PORTLAND OH 45770		
License holder CHRIS WOLFE	Inspection Time 130	Travel Time 22	Category/Descriptive CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply)	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input checked="" 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) 11/12/2025 <i>HR</i>

**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 type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> N/A	Process Review
Protection from Contamination		37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.	
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	Public health interventions are control measures to prevent foodborne illness or injury.	
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 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 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 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		

**State of Ohio**  
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Name of Facility ROADSIDE HOT SPOT, LLC	Type of Inspection sta pr	Date 11/03/2025
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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	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input checked="" 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		Physical Facilities	
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	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
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	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
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved thawing methods used	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
43 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
Food Identification		61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
44 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	62 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
Prevention of Food Contamination		63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
45 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Existing Equipment and Facilities
46 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	Administrative	
47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	65 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	901:3-4 OAC
48 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	3701-21 OAC
49 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables		
Proper Use of Utensils			
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled		
52 <input checked="" type="checkbox"/> IN <input 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		PROCESS REVIEW EVALUATED THE BULK COOKING, COOLING, AND REHEATING OF HOT DOG SAUCE THAT IS PREPARED IN THE FACILITY. PIC DESCRIBED ALL OF THE PROCESSES AND PROVIDED PROCEDURES FOR HOW IT IS COOKED, COOLED, AND REHEATED. NO PROCESS REVIEW VIOLATIONS AT THE TIME OF INSPECTON.	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(B)	NC	Handwashing cleanser - availability.  OBSERVED THERE WAS NO HAND SOAP AT THE HAND SINK. PIC GOT HAND SOAP FOR THE HAND SINK AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(E)	NC	Handwashing signage.  OBSERVED THERE WAS NO 'EMPLOYEES MUST WASH HANDS' SIGN IN THE RESTROOMS ON THE RETAIL FLOOR. EMAILED COPIES OF SIGNAGE TO OWNER/OPERATOR.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.4(N)(1)	C	Manual and mechanical warewashing equipment, chemical sanitization (chlorine) - temp., pH, concentration, and hardness  OBSERVED THE CHLORINE SANITIZER SOLUTION BEING USED TO SANITIZE FOOD CONTACT SURFACES WAS TESTED AND WAS SHOWING OVER 200PPM. PIC DILUTED THE CHLORINE SANITIZER SOLUTION TO BE AT THE CORRECT CONCENTRATION AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(H)	C	Ready-to-eat, time/temperature controlled for safety food - disposition.  OBSERVED HOUSEMADE VANILLA PUDDING WITH A MADE ON DATE OF 10/23. PUDDING SHOULD HAVE BEEN DISCARDED ON OR BEFORE 10/29. PIC DISCARDED AT THE TIME OF INSPECTION.  OBSERVED HOUSEMADE PEPPERONI ROLLS THAT WERE MARKED WITH A MADE ON DATE OF 10/24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge TERRY MCNICKLE - EMAILED	Date 11/03/2025
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 ROADSIDE HOT SPOT, LLC			Type of Inspection sta pr	Date 11/03/2025
<b>Observations and Corrective Actions (continued)</b> Mark "X" in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation				
Item No.	Code Section	Priority Level	Comment	COS      R
			PEPPERONI ROLLS SHOULD HAVE BEEN DISCARDED ON 10/30. PIC DISCARDED AT THE TIME OF INSPECTION.	
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking  OBSERVED THAWED OUT FOOD ITEMS IN THE FRIDGE WITHOUT A THAWED OUT DATE MARK. ONLY THE MADE ON DATE WAS FOUND ON THE CONTAINER. WHEN AN ITEM IS MADE AND FROZEN TO BE USED LATER, A THAWING DATE MUST BE ADDED TO ENSURE IT IS NOT BEING KEPT FOR OVER THE 7 DAYS, INCLUDING THE DATE IT WAS MADE. PIC ADDED THE THAW DATE AND DISCARD DATE AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/> <input type="checkbox"/>
28	3717-1-07.1(N)	NC	Refrigerated medicines - storage.  OBSERVED EMPLOYEE'S PERSONAL MEDICINES STORED ON A SHELF IN THE DELI CASE COOLER. ALL REFRIDGERATED MEDICINES SHOULD BE STORED IN A LEAK-PROOF CONTAINER, LABELED, AND STORED ON THE BOTTOM SHELF AWAY FROM FOOD ITEMS THAT ARE TO BE SERVED/PREPARED IN THE FACILITY.	<input type="checkbox"/> <input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment.  OBSERVED THE DELI CASE COOLER HAS WENT INTO DEFROST AND A LARGE ACCUMULATION OF ICE IN THE MIDDLE OF THE DELI CASE COOLER HAD STARTED TO MELT AND DROP ON FOOD IN THE DELI CASE. ITEMS WERE REMOVED FROM THE AREA THAT WAS DRIPPING, AND A PAN WAS PLACED UNDER THE AREA TO CATCH THE WATER. DELI CASE COOLER WILL NEED TO BE REPAIRED TO ENSURE CONDENSATION IS PROPERLY DRAINING OUT OF THE DELI CASE.  OBSERVED THE OIL DRAIN RACK FOR THE FOOD COMING OUT OF THE DEEP FRYER WAS NOT MAINTAINED IN FOOD REPAIR WITH RACK PIECES MISSING. RACK SHOULD BE REPLACED.	<input type="checkbox"/> <input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment.  OBSERVED FOOD CRUMBS AND OTHER DEBRIS IN THE BOTTOMS OF THE FREEZERS IN THE FACILITY. INCREASE CLEANING FREQUENCY.	<input type="checkbox"/> <input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions.  OBSERVED SOILS AND OTHER DEBRIS ON THE FLOOR OF THE WALK-IN COOLER, ESPECIALLY UNDER THE FOOD AND BEVERAGE STORAGE RACKS. INCREASE CLEANING FREQUENCY IN THESE AREAS.  OBSERVED THE WALLS AND AREAS IN THE UTILITY / MOP CLOSET WERE SOILED AND DIRTY. INCREASE CLEANING FREQUENCY OF THIS AREA.	<input type="checkbox"/> <input type="checkbox"/>
62	3717-1-06.4(F)	NC	Drying mops.  OBSERVED SOILED MOP WITH THE MOP HEAD LEANED ON THE WALL IN THE UTILITY CLOSET, RESULTING IN THE WALLS ABOVE THE MOP SINK TO BE SOILED. ENSURE ALL MOPS ARE STORED CORRECTLY TO AVOID SOILING OF THE SURROUNDING AREAS.	<input type="checkbox"/> <input type="checkbox"/>

Person in Charge TERRY MCNICKLE - EMAILED	Date 11/03/2025
Environmental Health Specialist ELIZABETH FISHER      RS/SIT# REHS #4130	Licensor: Meigs County Health Department

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As per HEA 5351 The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)

