

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

Name of facility TUPPERS PLAINS DAIRYETTE	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 91	Date 12/22/2025
Address 42014 STATE ROUTE 7	City/State/Zip Code TUPPERS PLAINS OH 45783		
License holder WARREN CALAWAY	Inspection Time 25	Travel Time 20	Category/Descriptive CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input checked="" 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																																																																																																									
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center;">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 checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Certified Food Protection Manager</td> </tr> <tr><th colspan="2" style="text-align: center;">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="text-align: center;">Good Hygienic Practices</th></tr> <tr> <td>6</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/O   Proper eating, tasting, drinking, or tobacco use</td> </tr> <tr> <td>7</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/O   No discharge from eyes, nose, and mouth</td> </tr> <tr><th colspan="2" style="text-align: center;">Preventing Contamination by Hands</th></tr> <tr> <td>8</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input checked="" type="checkbox"/> N/O   Hands clean and properly washed</td> </tr> <tr> <td>9</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" type="checkbox"/> N/O   No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td> </tr> <tr> <td>10</td> <td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Adequate handwashing facilities supplied &amp; accessible</td> </tr> <tr><th colspan="2" style="text-align: center;">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="text-align: center;">Protection from Contamination</th></tr> <tr> <td>15</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" type="checkbox"/> N/O   Food separated and protected</td> </tr> <tr> <td>16</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" type="checkbox"/> N/O   Food-contact surfaces: cleaned and sanitized</td> </tr> <tr> <td>17</td> <td><input checked="" type="checkbox"/> IN   <input type="checkbox"/> OUT   Proper disposition of returned, previously served, reconditioned, and unsafe food</td> </tr> <tr><th colspan="2" style="text-align: center;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr> <td>18</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" 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 type="checkbox"/> N/A   <input checked="" 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 type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input checked="" 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 checked="" type="checkbox"/> IN <input 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; 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Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> TUPPERS PLAINS DAIRYETTE	<b>Type of Inspection</b> sta ccp	<b>Date</b> 12/22/2025
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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 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		56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	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 Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input type="checkbox"/> OUT Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		<input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O
Food Identification		59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
Prevention of Food Contamination		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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
46	<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
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 Existing Equipment and Facilities
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49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
Proper Use of Utensils		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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
	Comment/ Obs		SEASONAL FACILITY WAS CLOSED FOR THE SEASON AT THE TIME OF INSPECTION.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> WARREN CALAWAY	<b>Date</b> 12/22/2025
<b>Environmental Health Specialist</b> ELIZABETH FISHER RS/SIT# REHS #4130	<b>Licensors:</b> 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)