

State of Ohio

Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

| | | | |
|--|---|----------------------|--|
| Name of facility MEIGS COOPERATIVE PARISH | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number 2- | Date 01/08/2026 |
| Address 260 MULBERRY AVENUE, P.O.B. 171 | City/State/Zip Code POMEROY OH 45769 | | |
| License holder MEIGS COOPERATIVE PARISH | Inspection Time 150 | Travel Time 3 | 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

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 | | | |
| 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 checked="" type="checkbox"/> IN <input 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 | True as a public health control: procedures & records |
| 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 | 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 | Consumer Advisory | |
| 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 | | | |
| 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 type="checkbox"/> OUT <input type="checkbox"/> N/A | Toxic substances properly identified, stored, used |
| Preventing Contamination by Hands | | | |
| 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 checked="" type="checkbox"/> IN <input 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 | | | |
| 11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from 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 |
| 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 | 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 |
| 13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food in good condition, safe, and unadulterated | 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 |
| 14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Required records available: shellstock tags, parasite destruction | 35 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Critical Control Point Inspection |
| 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 | 36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Process Review |
| 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 | 37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Variance |
| 17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper disposition of returned, previously served, reconditioned, and unsafe food | Risk Factors | |
| <p style="text-align: center;">are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p style="text-align: center;">Public health interventions are control measures to prevent foodborne illness or injury.</p> | | | |
| 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 | Time/Temperature Controlled for Safety Food (TCS food) | |
| 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 <input type="checkbox"/> N/O | Proper cold holding temperatures |

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| Name of Facility MEIGS COOPERATIVE PARISH | Type of Inspection sta ccp | Date 01/08/2026 |
|--|-------------------------------|--------------------|

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 | | | Jtersils, 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 | |
| 39 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | <input type="checkbox"/> N/A | | Water and ice from approved source | |
| 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 | |
| 41 | <input type="checkbox"/> IN | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> N/O | Plant food properly cooked for hot holding | |
| 42 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | <input type="checkbox"/> N/A | <input type="checkbox"/> N/O | Approved thawing methods used | |
| 43 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | <input type="checkbox"/> N/A | | Thermometers provided and accurate | |
| Food Identification | | | 54 | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> OUT | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 44 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | | | Food properly labeled; original container | Warewashing facilities: installed, maintained, used; test strips |
| Prevention of Food Contamination | | | 55 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | Nonfood-contact surfaces clean |
| 45 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | | | Insects, rodents, and animals not present/outer openings protected | Hot and cold water available; adequate pressure |
| 46 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | | | Contamination prevented during food preparation, storage & display | Plumbing installed; proper backflow devices |
| 47 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | <input type="checkbox"/> N/A | | Personal cleanliness | Sewage and waste water properly disposed |
| 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 | Toilet facilities: properly constructed, supplied, cleaned |
| 49 | <input type="checkbox"/> IN | <input type="checkbox"/> OUT | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> N/O | Washing fruits and vegetables | Garbage/refuse properly disposed; facilities maintained |
| Proper Use of Utensils | | | 60 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas |
| 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 | Adequate ventilation and lighting; designated areas used |
| 51 | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> OUT | <input type="checkbox"/> N/A | | Utensils, equipment and linens: properly stored, dried, handled | Existing Equipment and Facilities |
| 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 checked="" type="checkbox"/> OUT | <input type="checkbox"/> N/A | <input type="checkbox"/> N/O | Slash-resistant, cloth, and latex glove use | |
| Administrative | | | | | | |
| 65 | <input type="checkbox"/> IN | <input type="checkbox"/> OUT | <input checked="" type="checkbox"/> N/A | | 901:3-4 OAC | |
| 66 | <input checked="" type="checkbox"/> IN | <input type="checkbox"/> OUT | <input type="checkbox"/> N/A | | 3701-21 OAC | |

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 | | CCP POSITIVE COMMENT: ALL TEMPS WERE GOOD | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | 3717-1-03.2(C) | C | Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. OBSERVED RAW EGG WHITES STORED ABOVE READY TO EAT FOOD IN MAIN UPRIGHT KITCHEN REFRIGERATOR. STORE RAW FOODS ON THE BOTTOM SHELF TO PREVENT CONTAMINATION. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | 3717-1-04.5(A)(1) | C | Cleanliness of equipment food-contact surfaces and utensils. OBSERVED CUTTING BOARD WITH BLACK RESIDUE IN STORAGE. PROPERLY CLEAN FOOD CONTACT SURFACES. | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 | CCP-VII.0001 | | Protection from Contamination: Observed food that was not properly protected from contamination by separation, packaging, and segregation. OBSERVED RAW EGG WHITES STORED OVER READY TO EAT FOODS IN THE MAIN UPRIGHT REFRIGERATOR. STORE ALL RAW FOODS BELOW READY TO EAT FOODS. THIS IS TO PREVENT POSSIBLE SPILLS FROM RAW FOODS ONTO READY TO EAT FOODS WHICH COULD LEAD TO A FOODBORNE ILLNESS. | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 | CCP-VII.0002 | | Protection from Contamination: Equipment food-contact surfaces or utensils are dirty. OBSERVED CUTTING BOARDS STORED WITH BLACK RESIDUE ON THEM. ENSURE ALL FOOD CONTACT SURFACE ARE CLEANED TO SIGHT AND TOUCH TO PREVENT CONTAMINATION TO FOODS BEING PREPARED ON SURFACES. | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 | 3717-1-04.8(E)(2) | NC | Clean equipment and utensils stored in a self-draining position and covered or inverted. OBSERVED MUFFIN TINS RARELY USED WITH FOOD ACCUMULATION ON THE BOTTOM SHELF IN THE SINGLE USE ITEM STORAGE. EQUIPMENT SHOULD BE COVERED OR INVERTED TO PREVENT FUTURE CONTAMINATION. | <input type="checkbox"/> | <input type="checkbox"/> |
| 53 | 3717-1-03.2(N)(5) | NC | Gloves - latex gloves OBSERVED LATEX GLOVES STORED ALONGSIDE FOOD SERVICE GLOVES IN THE PANTRY. REMOVE LATEX GLOVES AS THEY ARE NOT PERMITTED FOR FOOD SERVICE. | <input type="checkbox"/> | <input type="checkbox"/> |
| 54 | 3717-1-04.1(H) | NC | Nonfood-contact surfaces - cleanability OBSERVED CONTACT PAPER PEELING ON THE DISHROOM STORAGE SHELF UNDERNEATH THE SERVING WINDOW. RECOMMEND RESURFACING TO ALL C/W FOR A SMOOTH AND EASILY | <input type="checkbox"/> | <input type="checkbox"/> |

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|--|---|
| Person in Charge | Date 01/08/2026 |
| 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 MEIGS COOPERATIVE PARISH | | | Type of Inspection site CCP | Date 01/08/2026 | | |
|---|----------------|----------------|---|--------------------|--------------------------|--------------------------|
| 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 |
| | | | CLEANABLE SURFACE. | | | |
| 63 | 3717-1-06.3(C) | NC | Employee accommodations - designated areas OBSERVED PERSONAL FOOD ITEMS STORED ABOVE FOOD ITEMS THAT ARE PREPPED AND SERVED FROM THE FACILITY. ALL PERSONAL ITEMS WERE LABELED, BUT NEEDS MOVED TO THE BOTTOM SHELF. | | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|--|
| Person in Charge <i>Rhonda Diane</i> | Date 01/08/2026 |
| Environmental Health Specialist ELIZABETH FISHER RS/SIT# REHS #4130 | Licenser 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)