

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

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility POWELL'S FOODFAIR		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 25	Date 12/29/2025
Address 700 EAST MAIN STREET		City/State/Zip Code POMEROY OH 45769		
License holder CHARLES T. FORTH		Inspection Time 180	Travel Time 8	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 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	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	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events	27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used
Good Hygienic Practices			28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, used
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use	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
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	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
Preventing Contamination by Hands			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
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing
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	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
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible	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
Approved Source			35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Critical Control Point Inspection
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Process Review
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	37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Variance
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated	Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.		
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	Public health interventions are control measures to prevent foodborne illness or injury.		
Protection from Contamination					
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected			
16	<input checked="" type="checkbox"/> IN <input 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 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			

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Name of Facility POWELL'S FOODFAIR	Type of Inspection sta	Date 12/29/2025
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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

<b>Safe Food and Water</b>			<b>Utensils, Equipment and Vending</b>		
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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips	
<b>Food Temperature Control</b>			<b>Physical Facilities</b>		
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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	
<b>Food Identification</b>			61 <input type="checkbox"/> IN <input checked="" 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	
<b>Prevention of Food Contamination</b>			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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display		<b>Administrative</b>		
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				
<b>Proper Use of Utensils</b>					
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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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
21	3717-1-03.4(F)(1)(a)	C	Temperature controlled for safety food - hot holding.  OBSERVED METAL PAN OF FRIED CHICKEN IN THE UPRIGHT HOLD HOLDING CABINET IN THE FRONT OF THE DELI AREA TEMPING AT 131F. PAN OF CHICKEN WAS COVERED AND THE TEMPERATURE OF THE HOT HOLDING CABINET WAS INCREASED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	3717-1-06.3(D)	NC	Distressed merchandise - segregation and location.  OBSERVED DAMAGED / OUT OF DATE STOCK THAT IS PLANNING TO BE EITHER DISCARDED OR KEPT FOR CREDIT PURPOSES STORED ON THE FLOOR IN THE WALK-IN MILK COOLER AND ON THE SHELF IN THE WALK-IN FREEZER, WITH NO INDICATION THAT THEY ARE NOT INTENDED FOR SALE. ENSURE DAMAGED AND OUT OF DATE FOOD ITEMS ARE KEPT IN A SEPARATE LOCATION AND LABELED TO INDICATE THAT THEY ARE NO LONGER INTENDED FOR SALE.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(E)(1)	NC	Equipment, utensils, linens - storage.  OBSERVED KNIVES STORED ON THE WINDOW SILL IN THE MEAT PROCESSING AREA. WINDOW SILL IS NOT A CLEAN, SMOOTH, AND EASILY CLEANABLE SURFACE, SO KNIVES SHOULD BE STORED IN A LOCATION THAT DOES NOT ALLOW FOR POSSIBLE CONTAMINATION OF THE FOOD-CONTACT SURFACES.	<input type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage  OBSERVED SINGLE-USE ARTICLES, SUCH AS CAKE TRAYS AND LIDS AND FOAM TRAYS FOR MEAT PACKAGING THAT WERE STORED ON THE SHELVING IN VARIOUS LOCATIONS IN THE BACK STORAGE AREAS OF THE STORE, EITHER NOT PROTECTED IN PACKAGING, OR THE PACKAGING WAS TORN, ALLOWING DUST TO GET ON THE ITEMS. ENSURE ALL ITEMS ARE PROPERLY	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge CODY RICHARDS	Date 12/29/2025
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. (1/19)

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 POWELL'S FOODFAIR			Type of Inspection sta	Date 12/29/2025
<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
			PROTECTED WHILE STORED TO AVOID DUST, DEBRIS, AND OTHER FORMS OF CONTAMINATION FROM GETTING ON THESE ITEMS.	
53	3717-1-03.2(N)(5)	NC	Gloves - latex gloves  OBSERVED A BOX OF LATEX GLOVES IN THE MEAT PROCESSING AREA. PIC STATED THEY USE THE GLOVES TO CLEAN THE EQUIPMENT. LATEX GLOVES SHOULD NOT BE USED WHEN HANDLING FOOD OR FOOD EQUIPMENT IN AN RFE. LET PIC KNOW THAT THE NITRILE GLOVES THAT THEY HAVE IN THE FACILITY ARE ALLOWED TO BE USED, BUT THE LATEX GLOVES COULD NOT BE USED, AND SHOULD BE REMOVED.	<input type="checkbox"/> <input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability  OBSERVED THE TEFLON COVER FOR THE HOT PLATE ON THE WRAPPING MACHINE IN THE MEAT PROCESSING AREA WAS DAMAGED AND IS NO LONGER SMOOTH AND EASILY CLEANABLE. NEW COVER SHOULD BE PURCHASED AND DAMAGED ONE REPLACED.	<input type="checkbox"/> <input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices.  OBSERVED THE SANITIZER TEST STRIPS THAT WERE IN THE MEAT PROCESSING AREA HAD EXPIRED IN NOVEMBER OF 2024. NEW TEST STRIPS WILL NEED TO BE PURCHASED.	<input type="checkbox"/> <input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency.  OBSERVED BLACK RESIDUES AND DEBRIS ON THE RETAIL RACKS IN THE WALK-IN MILK COOLER, ESPECIALLY UNDER THE MILK SECTION. INCREASE CLEANING OF THE RACKS.	<input type="checkbox"/> <input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment.  OBSERVED THE TABLE BY THE WINDOW IN THE MEAT PROCESSING AREA WITH BLACK RESIDUES AND OTHER DISCOLORATION ON IT. INCREASE CLEANING OF THIS SURFACE.  OBSERVED DEBRIS ACCUMULATION AROUND THE HOT PLATE OF THE WRAPPING STATION. INCREASE CLEANING FREQUENCY.	<input type="checkbox"/> <input type="checkbox"/>
61	3717-1-05.4(N)	NC	Covering receptacles.  OBSERVED THERE WERE NO TRASH CANS WITH CLOSING LIDS IN THE WOMEN'S RESTROOM. THERE SHOULD BE AT LEAST ONE RECEPTACLE WITH A CLOSING LID IN THE WOMEN'S RESTROOM.	<input type="checkbox"/> <input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions.  OBSERVED THE FLOOR DRAIN OUTSIDE OF THE WALK-IN MILK COOLER WAS COVERED IN DIRT AND OTHER DEBRIS. BUSTED CASE OF WATER WAS SITTING NEXT TO THE FLOOR DRAIN TO AVOID MAKING A MESS ON THE RETAIL FLOOR, AND WATER WAS POOLING AT THE TOP OF THE FLOOR DRAIN DUE TO THE DRAIN BEING CLOGGED. ENSURE DRAIN AND FLOOR AROUND DRAIN IS CLEANED TO ALLOW FOR PROPER DRAINAGE.  OBSERVED THE FLOOR MATS UNDER THE MILK SECTION IN THE WALK-IN MILK COOLER WITH DEBRIS ACCUMULATION. INCREASE CLEANING AND/OR CHANGING FREQUENCY OF THE MATS.	<input type="checkbox"/> <input type="checkbox"/>

Person in Charge CODY RICHARDS	Date 12/29/2025
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)