

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of facility</b> THE VILLAGE DELI AND COUNTRY STORE	<b>Check one</b> <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	<b>License Number</b> 45	<b>Date</b> 01/14/2026
<b>Address</b> 271 NORTH SECOND AVE	<b>City/State/Zip Code</b> MIDDLEPORT OH 45760		
<b>License holder</b> MELISSA FIELDS-MEADOWS	<b>Inspection Time</b> 130	<b>Travel Time</b> 7	<b>Category/Descriptive</b> CLASS 4 <25,000 SQ. FT.
<b>Type of inspection (check all that apply)</b> <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		<b>Follow-up date (if required)</b> //	<b>Water sample date/result (if required)</b> //

## 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	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		<b>Chemical</b>	
<b>Good Hygienic Practices</b>		27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose and mouth		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Approved Source</b>		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food obtained from approved source		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	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<p><b>Risk Factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p>	
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			
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> THE VILLAGE DELI AND COUNTRY STORE	<b>Type of Inspection</b> sta ccp	<b>Date</b> 01/14/2026
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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	
-8	<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 Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
-9	<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 Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
-0	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean
-1	<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
-2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Plumbing installed; proper backflow devices
-3	<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 Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
-4	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
-5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
-6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Existing Equipment and Facilities
-7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative	
-8	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
-9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils:			
#0	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	
#1	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
#2	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	
#3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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
	Comment/ Obs		CCP POSITIVE COMMENT: ALL TEMPS WERE GOOD AND FACILITY WAS CLEAN INSIDE!	<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 CUT READY-TO-EAT VEGGIES FOR SALADS AND VEGGIES TRAYS WITHOUT DATE MARKS THAT WERE CUT AND HELD FOR OVER 24 HOURS. PIC ADDED DATE MARKS AT THE TIME OF INSPECTION.  OBSERVED PIES THAT WERE MADE AND HELD FOR OVER 24 HOURS WITHOUT DATE MARK. PIC ADDED DATE MARK AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VI.0012		TCS Food: Refrigerated, ready-to-eat, TCS foods held refrigerated for more than 24 hours were not properly date marked. OBSERVED CUT, READY-TO-EAT VEGGIES AND PIES THAT WERE HELD FOR OVER 24 HOURS AND DID NOT HAVE A DATE MARK. PIC ADDED DATE MARKS TO ALL ITEMS AT THE TIME OF INSPECTION. ALL RTE AND TCS FOOD ITEMS NEED TO BE PROPERLY DATE MARKED TO ENSURE ITEMS ARE NOT KEPT FOR LONGER THAN THE ALLOWED TIME, WHICH COULD RESULT IN BACTERIA TO GROW TO UNSAFE LEVELS, CAUSING A FOODBORNE ILLNESS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.5(C)	NC	Food labels. OBSERVED PACKAGED FOOD ITEMS INCLUDING CHOCOLATE COVERED ESPRESSO BEANS, CHOCOLATE COVERED PRETZELS, AND MARSHMALLOW CANDY WITHOUT FOOD / INGREDIENT LABELS. PIC REMOVED THE UNLABELED ITEMS AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48	3717-1-03.2(M)	NC	Wiping cloths - use limitation. OBSERVED WET WIPING CLOTHES STORED IN A SANITIZER BUCKET WITH SANITIZER SOLUTION NOT AT THE CORRECT CONCENTRATION. CONCENTRATION OF QUAT SANITIZER WAS TESTED, AND WAS SHOWING 0PPM (SHOULD BE AROUND 200PPM BASED ON MANUFACTURERS DIRECTIONS ON THE BOTTLE). PIC STATED THEY HAD ALSO ADDED DETERGENT TO THE SAME SOLUTION, WHICH MAY HAVE RENDERED THE SANITIZER INACTIVE.  OBSERVED WET TOWELS STORED ON TOP OF THE FLOUR CONTAINER IN THE BACK PREP	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 01/14/2026
<b>Environmental Health Specialist</b> ELIZABETH FISHER RS/SIT# REHS #4130	<b>Licensor:</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)

# State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

<b>Name of Facility</b> THE VILLAGE DELI AND COUNTRY STORE	<b>Type of Inspection</b> sta ccp	<b>Date</b> 01/14/2026
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### 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
			AREA. ENSURE ALL WET CLOTHES ARE STORED IN A SANITIZER SOLUTION BETWEEN USES, AND AIR DRIED IN A DESIGNATED AREA WHERE THEY DO NOT HAVE THE POSSIBILITY TO CONTAMINATE FOOD OR FOOD EQUIPMENT.		
51	3717-1-04.8(E)(1)	NC	Equipment, utensils, linens - storage. OBSERVED COOKING PANS STORED ON THE EDGE OF THE MOP SINK. PANS WERE MOVED TO BE REWASHED AT THE TIME OF INSPECTION. FOOD EQUIPMENT SHOULD BE STORED ONLY IN LOCATIONS WHERE THEY ARE NOT EXPOSED TO CONTAMINATION BY SPLASH, DUST, AND OTHER CONTAMINATION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage OBSERVED BOXES OF PAPER AND FOAM PRODUCTS STORED OUTSIDE IN AN OPEN, NON-ENCLOSED 'STORAGE AREA' BETWEEN THE FACILITY AND THE PRODUCE SHOP NEXT DOOR. AREA SHOULD BE FULLY ENCLOSED IF THERE ARE PLANS TO CONTINUE USING IT FOR THE STORAGE OF FOOD EQUIPMENT AND / OR SINGLE-USE FOOD ARTICLES. ALL ITEMS SHOULD BE MOVED AND STORED INSIDE UNTIL THE AREA IS ENCLOSED.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability OBSERVED OLD DATE MARKING TAGS LEFT ON FOOD STORAGE CONTAINERS. PAPER TAGS NEEDS TO BE REMOVED DURING THE WASH PROCESS, AS PAPER CAN HOLD MOISTURE AND CAN ALLOW FOR BACTERIA TO GROW ON THE OLD TAGS. OLD TAGS WERE REMOVED AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices. OBSERVED THE QUAT SANITIZER TEST STRIPS HAD EXPIRED IN APRIL 2025. ENSURE TEST STRIPS ARE REPLACED WITH ONES THAT ARE IN DATE.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(Q)	NC	Cleaning receptacles. OBSERVED STORAGE CONTAINERS USED TO STORE THE GREASE FROM THE GRILL OUTSIDE WITH GREASE AND DEBRIS RESIDUES ON THE OUTSIDES. ENSURE CONTAINERS ARE CLEANED FREQUENTLY ENOUGH TO AVOID ATTRACTING PEST AND OTHER VERMIN.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. OBSERVED THE LIGHT IN THE CHEMICAL STORAGE CLOSET / AREA WAS NOT LONGER WORKING. ENSURE LIGHT IS REPLACED / CHANGED.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.3(C)	NC	Employee accommodations - designated areas OBSERVED EMPLOYEE'S PERSONAL JACKET STORED ON TOP OF FOOD EQUIPMENT IN THE BACK PREP AREA. ENSURE ALL EMPLOYEES' PERSONAL ITEMS ARE STORED IN A DESIGNATED AREA WHERE IT DOESN'T HAVE TO POSSIBILITY TO CONTAMINATE FOOD OR FOOD EQUIPMENT.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> <i>Melissa Fields-Meadow</i>	<b>Date</b> 01/14/2026
<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 per RIA 5351 The Baldwin Group, Inc. (11/19)

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