

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

Name of facility CHEADLE FARMS LLC	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 12	Date 04/07/2026
Address 40020 STANEART RD	City/State/Zip Code ALBANY OH 45710		
License holder REXIE CHEADLE	Inspection Time 40	Travel Time 27	Category/Descriptive MOBILE LOW RISK
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																																																																																																									
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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>1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td><td>Person in charge present, demonstrates knowledge, and performs duties</td></tr> <tr><td>2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A</td><td>Certified Food Protection Manager</td></tr> <tr><th colspan="2" style="text-align: center;">Employee Health</th></tr> <tr><td>3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td><td>Management, food employees and conditional employees; knowledge, responsibilities and reporting</td></tr> <tr><td>4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td><td>Proper use of restriction and exclusion</td></tr> <tr><td>5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td><td>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 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O</td><td>Proper eating, tasting, drinking, or tobacco use</td></tr> <tr><td>7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O</td><td>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 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O</td><td>Hands clean and properly washed</td></tr> <tr><td>9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td><td>No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td></tr> <tr><td>10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td><td>Adequate handwashing facilities supplied & accessible</td></tr> <tr><th colspan="2" style="text-align: center;">Approved Source</th></tr> <tr><td>11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT</td><td>Food obtained from approved source</td></tr> <tr><td>12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O</td><td>Food received at proper temperature</td></tr> <tr><td>13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT</td><td>Food in good condition, safe, and unadulterated</td></tr> <tr><td>14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O</td><td>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 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td><td>Food separated and protected</td></tr> <tr><td>16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O</td><td>Food-contact surfaces: cleaned and sanitized</td></tr> <tr><td>17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT</td><td>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 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 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State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility CHEADLE FARMS LLC	Type of Inspection sta	Date 04/07/2026
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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	
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Pasteurized eggs used where required		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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Water and ice from approved source		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	56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean	
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	
Plant food properly cooked for hot holding			
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	
Approved thawing methods used		Plumbing installed; proper backflow devices	
43	<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	
Thermometers provided and accurate			
Food Identification		60 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Food properly labeled; original container		61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Prevention of Food Contamination		62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Insects, rodents, and animals not present/outer openings protected		63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Contamination prevented during food preparation, storage & display			
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	65 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	
Personal cleanliness			
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	
Wiping cloths: properly used and stored			
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Administrative	
Washing fruits and vegetables			
Proper Use of Utensils		901:3-4 OAC	
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
In-use utensils: properly stored		3701-21 OAC	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Utensils, equipment and linens: properly stored, dried, handled		Administrative	
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Single-use/single-service articles: properly stored, used		3701-21 OAC	
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		NO VIOLATIONS AT THE TIME OF INSPECTION	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Matthew Metzger</i>	Date 04/07/2026
Environmental Health Specialist MATTHEW METZGER RS/SIT# 25-5505	Licensors: 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)