

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility CROW'S STEAK HOUSE	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 72	Date 05/13/2026
Address 228 WEST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder DANNY CROW	Inspection Time 95	Travel Time 5	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		Time/Temperature Controlled for Safety Food (TCS food)	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input checked="" type="checkbox"/> IN <input 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	
Employee Health		Consumer Advisory	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	Highly Susceptible Populations	
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		Chemical	
Good Hygienic Practices		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		Conformance with Approved Procedures	
Preventing Contamination by Hands		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
Approved Source		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 checked="" type="checkbox"/> IN <input 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	
Protection from Contamination		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	Variance	
Food separated and protected		<p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p>	
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 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 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		
Proper cold holding temperatures			

State of Ohio Food Inspection Report

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Name of Facility CROW'S STEAK HOUSE	Type of Inspection sta ccp	Date 05/13/2026
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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 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
	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Nonfood-contact surfaces clean
	Proper cooling methods used; adequate equipment for temperature control	Physical Facilities	
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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		Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Approved thawing methods used		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Plumbing installed; proper backflow devices
	Thermometers provided and accurate	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Sewage and waste water properly disposed
	Food properly labeled; original container	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination			Toilet facilities: properly constructed, supplied, cleaned
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Insects, rodents, and animals not present/outer openings protected		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
	Contamination prevented during food preparation, storage & display	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Adequate ventilation and lighting; designated areas used
	Personal cleanliness	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Existing Equipment and Facilities
	Wiping cloths: properly used and scored	Administrative	
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
	Washing fruits and vegetables		901-3-4 OAC
Proper Use of Utensils		66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		3701-21 OAC
	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
	Single-use/single-service articles: properly stored, used		
53	<input checked="" type="checkbox"/> IN <input 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
	Comment/ Obs		CCP POSITIVE COMMENT: ALL TEMPS AND DATE MARKING ARE GOOD.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(E)(1)	NC	Equipment, utensils, linens - storage. OBSERVED BAKING TRAYS STORED BESIDE THE FRYERS TO HAVE A LARGE BUILDUP OF GREASE ON THE FOOD CONTACT SURFACE OF THE BAKING TRAY. ENSURE BAKING TRAYS ARE STORED IN A MANNER THAT PREVENT CONTAMINATION FROM THE FRYER.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04(I)	NC	Nonfood-contact surfaces - materials. OBSERVED TAPE BEING USED TO HOLD UP A PANEL OF THE HANDSINK NEAR THE CHICKEN DREDGING AREA. DUCT TAPE IS NOT EASILY CLEANABLE AND SHOULD NOT BE USED. ENSURE SINK IS PROPERLY REPAIRED.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED A BUILDUP OF WATER AND CALCIUM ON THE TRAYS USED TO CATCH EXCESS WATER IN THE TOP OF THE FOOD WARMER OF THE TWO LESSER USED FOOD WARMERS. ENSURE PANS ARE REPLACED AND CLEANED TO PREVENT WATER AND CALCIUM BUILDUP. OBSERVED A BUILDUP OF BLACK RESIDUE ON THE NOZZLE OF THE THREE COMPARTMENT SINK. PIC CLEANED THE NOZZLE AT THE TIME OF INSPECTION.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED A BUILDUP OF CHICKEN JUICE ON THE STORAGE RACKS OF THE WALK IN COOLER STORING CHICKEN. ENSURE RACKS ARE CLEANED MORE FREQUENTLY TO PREVENT AN ACCUMULATION OF FOOD DEBRIS. OBSERVED A BUILDUP OF DUST AND DEBRIS AT THE BOTTOM OF THE WHITE BROOM STORAGE CLOSET. ENSURE AREA IS CLEANED MORE FREQUENTLY.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(D)	C	Backflow prevention - air gap. OBSERVED A RED HOSE AT THE MOP DRAIN TO BE CONNECTED TO THE FAUCET AND HANGING INTO THE DRAIN AREA WITHOUT AN AIR GAP. PIC REMOVED THE HOSE FROM THE DRAIN AT THE TIME OF INSPECTION. ENSURE AN AIR GAP IS MAINTAINED TO PREVENT BACKFLOW.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 05/13/2026
Environmental Health Specialist MATTHEW METZGER RS/SIT# 25-5505	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 CROW'S STEAK HOUSE	Type of Inspection sta ccp	Date 05/13/2026
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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
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. OBSERVED A LARGE BUILDUP OF FLOWER AND DUST ON THE PLATFORM THE WATER HEATER IS HELD IN THE DRY STORAGE AREA. ENSURE AREA IS CLEANED MORE FREQUENTLY.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.4(D)	NC	Cleaning ventilation systems, nuisance and discharge prohibition. OBSERVED A BUILDUP OF DUST ON THE STAND UP FAN BEHIND THE SERVICE COUNTER. ENSURE FAN IS CLEANED. OBSERVED THE INTAKE DUCT ABOVE THE TOILET OF THE MENS RESTROOM TO HAVE A BUILDUP OF DUST AND BLACK RESIDUE. ENSURE DUCT IS CLEANED MORE FREQUENTLY.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge 	Date 05/13/2026
Environmental Health Specialist MATTHEW METZGER RS/SIT# 25-5505	Licensors: Meigs County Health Department

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
As per HEA 5351 The Baldwin Group, Inc. (11/19)
As per AGR 1268 The Baldwin Group, Inc. (11/19)