

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 06/16/2026
Address 700 EAST MAIN STREET	City/State/Zip Code POMEROY OH 45769		
License holder CHARLES T. FORTH	Inspection Time 180	Travel Time 7	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																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Compliance Status</th> </tr> <tr> <th colspan="2" style="text-align: center;">Supervision</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">1</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties</td> </tr> <tr> <td>2</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager</td> </tr> <tr> <th colspan="2" style="text-align: center;">Employee Health</th> </tr> <tr> <td>3</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting</td> </tr> <tr> <td>4</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion</td> </tr> <tr> <td>5</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use</td> </tr> <tr> <td>7</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O 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</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed</td> </tr> <tr> <td>9</td> <td><input 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State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

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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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" 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 Hot and cold water available; adequate pressure	
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	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	
Approved thawing methods used			
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 Sewage and waste water properly disposed	
Thermometers provided and accurate			
Food Identification		Administrative	
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	65 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC	
Food properly labeled; original container		66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 3701-21 OAC	
Prevention of Food Contamination			
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		
Insects, rodents, and animals not present/outer openings protected			
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		
Contamination prevented during food preparation, storage & display			
47	<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		
Wiping cloths: properly used and stored			
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Washing fruits and vegetables			
Proper Use of Utensils			
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 checked="" type="checkbox"/> IN <input 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 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
	Commen/ Obs		ALL TEMPS ARE GOOD.	<input type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(C)	NC	Cooking and baking equipment - cleaning frequency OBSERVED A BUILDUP OF RESIDUE INSIDE THE EMPLOYEE BREAKROOM MICROWAVE. ENSURE AREA IS CLEANED TO HELP PREVENT PEST.	<input type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.5(C)(2)(e)	C	Food labels - Allergens OBSERVED MULTIPLE INSTANCES OF IN FOOD CONTAINER'S OF SELF SERVICE AREA NEAR THE DELI TO BE WITHOUT THE PROPER INGREDIENT LIST AND ALLERGEN WARNING. IT INCLUDES 2 PACKS OF ZESTY WINGS, MAC N CHEESE AND MASHED POTATO LUNCHES, FRUIT BITES, AND COOKIES. PIC WAS UNABLE TO LOCATE INGREDIENT LABELS FOR THESE ITEMS AND DISCARDED THEM AT THE TIME OF INSPECTION. ENSURE ALL SELF SERVICE FOOD ITEMS HAVE AN INGREDIENT LIST AND SUBSEQUENT ALLERGEN WARNING.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.1(M)	NC	Outer openings - protected. OBSERVED GAPS BETWEEN THE FLOOR AND GARAGE DOOR ON THE LOADING DOCK. ENSURE GARAGE DOOR IS REPAIRED OR DOOR SWEEP IS ADDED TO PROTECT FACILITY FROM PEST.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-06.3(D)	NC	Distressed merchandise - segregation and location. OBSERVED AN UNMARKED MILK CRATE FULL OF DISCARDED ITEMS IN THE WALK IN COOLER. DISCARDED ITEMS SHOULD BE STORED WITH A DESIGNATION OF "NOT FOR SALE".	<input type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage OBSERVED SINGLE USE ITEMS STORED UNDERNEATH THE PREP TABLE IN THE DELI TO BE UNPROTECTED AND HELD UPRIGHT. ENSURE ITEMS ARE EITHER COVERED OR STORED IN A SELF DRAINING POSITION.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.1(H)	NC	Nonfood-contact surfaces - cleanability OBSERVED THE RACKS USED TO STORE MILK IN THE WALK IN COOLER TO HAVE MULTIPLE LOCATIONS OF RUST, MAKING THE SURFACE NO LONGER SMOOTH AND EASILY CLEANABLE. ENSURE THE MILK RACKS ARE EITHER RESURFACED OR REPLACED TO ALLOW FOR PROPER CLEANING.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 06/16/2026
Environmental Health Specialist MATTHEW METZGER RS/SIT# 25-5505	Licenser: 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 POWELL'S FOODFAIR		Type of Inspection sta	Date 06/16/2026		
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
			CLEANING.		
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices. OBSERVED THE DELI AREA THREE COMPARTMENT SINK TO HAVE QUATENARY AMMONIUM TEST STRIPS, BUT THE FACILITY IS CURRENTLY USING BLEACH. ENSURE BLEACH TEST STRIPS ARE PURCHASED TO ENSURE PROPER SANITATION.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED A BUILDUP OF STICKERS AND DEBRIS ON THE PRODUCE TABLES IN THE CUSTOMER SERVICE AREA. ENSURE TABELS ARE CLEANED MORE FREQUENTLY TO PREVENT DEBRIS BUILDUP.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED THE EMPLOYEE BREAKROOM MINI FRIDGE TO HAVE A BUILDUP OF RESIDUE INSIDE. ENSURE AREA IS CLEANED TO PREVENT PEST.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. OBSERVED CEILING TILES THROUGHOUT THE SHOPPING FLOOR TO BE SOILED WITH WATER DAMAGE AND BLACK RESIDUE. ENSURE CEILING TILES ARE REPLACED.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.0(A)	NC	Indoor areas - surface characteristics OBSERVED CARDBOARD USED TO COVER A HOLE IN THE WALL BENEATH THE HAND SINK OF THE DELI. CARDBOARD IS POROUS AND NOT EASILY CLEANABLE. ENSURE CARDBOARD IS REPLACED WITH A SMOOTH AND EASILY CLEANABLE SURFACE.	<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 CONDENSING UNIT FAN VENT IN THE WALK IN COOLER. ENSURE VENT IS CLEANED.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge 		Date 06/16/2026
Environmental Health Specialist MATTHEW METZGER	RS/SIT# 25-3505	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)

**Voluntary Destruction of Unfit Products
Found by Licensor Representative**

Date 06/16/2026

In possession of (Name of License Holder) CHARLES T. FORTH

Address 700 EAST MAIN STREET POMEROY, OH 45769

Product(s) and estimated amount in pounds, cases, bottles, etc.

2 PACKS OF CHICKEN, MAC N CHEESE, AND MASHED POTATO LUNCHES, ONE PACK OF STRAWBERRY FRUIT BITES, AND ONE PACK OF FROSTED COOKIES.

Reason for unfitness

LACK OF INGREDIENT AND ALLERGIN LABEL

Method of destruction

TRASH

Remarks

Signature of License Holder or Person in Charge 

Title Bakery

MATTHEW METZGER

Licensor Representative