

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

Name of facility TAQUERIA GUADALUPE 2	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 31	Date 06/02/2026
Address 48891 E. LETART RD.	City/State/Zip Code RACINE OH 45771		
License holder CRISPIN RAMIFEZ GARCIA	Inspection Time 50	Travel Time 1	Category/Descriptive MOBILE HIGH 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) 06/26/2026	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	
<b>Compliance Status</b>	<b>Compliance Status</b>
<b>Supervision</b>	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Person in charge present, demonstrates knowledge, and performs duties
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Certified Food Protection Manager
<b>Employee Health</b>	
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
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Proper use of restriction and exclusion
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Procedures for responding to vomiting and diarrheal events
<b>Good Hygienic Practices</b>	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O   Proper eating, tasting, drinking, or tobacco use
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O   No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>	
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O   Hands clean and properly washed
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O   No bare hand contact with ready-to-eat foods or approved alternate method properly followed
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Adequate handwashing facilities supplied & accessible
<b>Approved Source</b>	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Food obtained from approved source
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
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   Food in good condition, safe, and unadulterated
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
<b>Protection from Contamination</b>	
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
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
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
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
<b>Consumer Advisory</b>	
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Consumer advisory provided for raw or undercooked foods
<b>Highly Susceptible Populations</b>	
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Pasteurized foods used; prohibited foods not offered
<b>Chemical</b>	
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Food additives: approved and properly used
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Toxic substances properly identified, stored, used
<b>Conformance with Approved Procedures</b>	
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
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
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
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O   Special Requirements: Custom Processing
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
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
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Critical Control Point Inspection
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Process Review
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   Variance
<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>	

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility/ TAQUERIA GJADALUPE 2	Type of Inspection sta	Date 06/02/2026
---	---------------------------	--------------------

## 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 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 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		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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<b>Physical Facilities</b>	
	Plant food properly cooked for hot holding	57	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Hot and cold water available; adequate pressure
	Approved thawing methods used	58	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Plumbing installed; proper backflow devices
	Thermometers provided and accurate		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
Food Identification		59	<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	60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Prevention of Food Contamination			Toilet facilities: properly constructed, supplied, cleaned
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Insects, rodents, and animals not present/outer openings protected		Garbage/refuse properly disposed; facilities maintained
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
	Contamination prevented during food preparation, storage & display		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		<input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Personal cleanliness	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Adequate ventilation and lighting; designated areas used
	Wiping cloths: properly used and stored	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		Existing Equipment and Facilities
	Washing fruits and vegetables	<b>Administrative</b>	
Proper Use of Utensils		65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		901:3-4 OAC
	In-use utensils: properly stored	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		3701-21 OAC
	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		FACILITY IS NOT TO OPERATE IN OHIO UNTIL ALL CRITICAL VIOLATIONS ARE RESOLVED.	<input type="checkbox"/>	<input type="checkbox"/>
57	3717-1-05(H)	C	Water - capacity OBSERVED THE FACILITY'S HOT WATER TO BE OUT OF ORDER. PIC STATED HE WOULD REPLACE THE EXISTING PUMP WITH A NEW ONE AND RETURN ON THE FOLLOW UP DATE	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(J)	C	Backflow prevention device - when required. OBSERVED THE FACILITY TO BE WITH A SINGLE CHECK VALVE BACKFLOW PREVENTION DEVICE. PIC STATED HE WOULD GET A DUAL CHECK VALVE FOR THE FOLLOW UP INSPECTION	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge CRISPIN RAMIREZ - EMAIL	Date 06/02/2026
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)