

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |                                    |  |
|---|---|------------------------------------|--|
| Name of facility<br>EAGLES #767   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br>30               | Date<br>04/08/2025   |
| Address<br>404 E. SPRING ST.  | City/State/Zip Code<br>ST. MARYS OH 45885   |                                    |  |
| License holder<br>EAGLES #767   | Inspection Time<br>90   | Travel Time<br>25                  | Category/Descriptive<br>COMMERCIAL CLASS 4 <25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><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<br><input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation |   | Follow-up date (if required)<br>// | Water sample date/result (if required)<br>//               |

## 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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                                 | <b>Highly Susceptible Populations</b>  |  |
| Proper use of restriction and exclusion   |  | 26   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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<br><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<br><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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food obtained from approved source  |  | Special Requirements: Bulk Water Machine Criteria  |  |
| 12  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 34   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input 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 type="checkbox"/> OUT<br><input type="checkbox"/> N/A   |
| Food in good condition, safe, and unadulterated   |  | Critical Control Point Inspection  |  |
| 14  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input checked="" type="checkbox"/> N/A                              |
| 15  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><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<br><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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper reheating procedures for hot holding   |  |  |  |
| 20  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| Proper cooling time and temperatures  |  |  |  |
| 21  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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  |  |  |  |

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|  |  |                           |
|--|--|---------------------------|
| <b>Name of Facility</b><br>EAGLES #767 | <b>Type of Inspection</b><br>sta com ccp | <b>Date</b><br>04/08/2025 |
|--|--|---------------------------|

## 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 | Pasteurized eggs used where required                                    |   |
| 39                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Water and ice from approved source                                      |   |
| 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 | Proper cooling methods used; adequate equipment for temperature control | 54 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br>Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used         |
| 41                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plant food properly cooked for hot holding                              | 55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Warewashing facilities: installed, maintained, used; test strips |
| 42                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Approved thawing methods used   | 56 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br>Nonfood-contact surfaces clean  |
| 43                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Thermometers provided and accurate                                      |   |
| Food Identification              |   | Administrative  |   |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food properly labeled; original container                               | 65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>901:3-4 OAC  |
| Prevention of Food Contamination |   | Administrative  |   |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Insects, rodents, and animals not present/outer openings protected      | 66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>3701-21 OAC  |
| 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           |   | Administrative  |   |
| 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 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                        |
|----------|-------------------|----------------|--|--------------------------|--------------------------|
| 46       | 3717-1-03.2(Q)    | NC             | Food storage - Preventing Contamination from the Premises<br><br>There was one stack of beer in cardboard on the floor of the walk-in cooler.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 51       | 3717-1-04.8(E)(1) | NC             | Equipment, Utensils, Linens - Storage - Location<br><br>The orange bucket upstairs on the top shelf was not covered.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 54       | 3717-1-04(I)      | NC             | Nonfood-contact surfaces - materials.<br><br>Under the cover for the left-hand fryer there is a piece of cardboard. This does not meet the specifications, "Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that need frequent cleaning are to be constructed of a corrosion-resistant, nonabsorbent, and smooth material."   | <input type="checkbox"/> | <input type="checkbox"/> |
| 56       | 3717-1-04.5(D)    | NC             | Nonfood-contact surfaces - cleaning frequency.<br><br>The basket fryers are dirty on the front, top and sides.<br><br>The Hussman range is caked with years of baked on oil<br><br>The backsplash for the far right fryer is black in the middle, fading to yellow on either side.<br><br>Both ovens have food splash and debris inside.<br><br>The handles on the drawers below the Toastmaster oven appear dirty and are sticky to the touch.<br><br>The handles for the Toastmaster oven itself are also dirty and sticky..<br><br>The ledge on the Toastmaster below the door has food debris. | <input type="checkbox"/> | <input type="checkbox"/> |

|   |   |
|---|---|
| <b>Person in Charge</b>   | <b>Date</b><br>04/08/2025                             |
| <b>Environmental Health Specialist</b><br>RUSSEL POLK RS/SIT# 24-5304 | <b>Licensor:</b><br>Auglaize 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<br>EAGLES #767   |                |                | Type of Inspection<br>sta com ccp   |                          | Date<br>04/08/2025       |  |
|---|----------------|----------------|---|--------------------------|--------------------------|--|
| <b>Observations and Corrective Actions (continued)</b>  |                |                |   |                          |                          |  |
| Mark "X" in appropriate box for COS and R: <b>COS</b> = corrected on-site during inspection <b>R</b> = repeat violation |                |                |   |                          |                          |  |
| Item No.  | Code Section   | Priority Level | Comment   | COS                      | R                        |  |
|   |                |                | The inside walls and racks of the Toastmaster are dirty.<br><br>The can opener blade downstairs is dirty.<br><br>Upstairs<br>There is debris on the floor and in the tracks of the Pepsi cooler.<br><br>The louvers on the bar coolers are dusty.<br><br>The can crusher has what appears to be a dried liquid on top.<br><br>The burners on the kitchen range look dirty.<br><br>The can opener blade appears dirty. |                          |                          |  |
| 62  | 3717-1-06.4(B) | NC             | Cleaning - frequency and restrictions.<br><br>The floor of the downstairs kitchen is dirty.   | <input type="checkbox"/> | <input type="checkbox"/> |  |

|   |  |  |  |
|---|--|--|--|
| Person in Charge  |  | Date<br>04/08/2025                             |  |
| Environmental Health Specialist<br>RUSSEL POLK                      RS/SIT# 24-5304 |  | Licensor:<br>Auglaize 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)