

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                     |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|
| Name of facility<br>JOINT TWP DIST MEMORIAL HOSPITAL                                                                                                                                                                                                                                                                                                                                                                                                                       | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br>66                | Date<br>12/18/2025                                         |
| Address<br>200 ST. CLAIR ST.                                                                                                                                                                                                                                                                                                                                                                                                                                               | City/State/Zip Code<br>ST. MARYS OH 45885                                         |                                     |                                                            |
| License holder<br>JOINT TWP DIST MEMORIAL HOSPITAL                                                                                                                                                                                                                                                                                                                                                                                                                         | Inspection Time<br>60                                                             | 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 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                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                     |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supervision                                            |                                                                                                                                                                                                                                 | Time/Temperature Controlled for Safety Food (TCS food)                                                                                                                                                                                                                                                             |                                                                                                                                                                                                     |
| 1                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Person in charge present, demonstrates knowledge, and performs duties                                                       | 23                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper date marking and disposition                             |
| 2                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Certified Food Protection Manager                                                                                           | 24                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>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<br>Management, food employees and conditional employees; knowledge, responsibilities and reporting                             | 25                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Consumer advisory provided for raw or undercooked foods                                      |
| 4                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Proper use of restriction and exclusion                                                                                     | Highly Susceptible Populations                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                     |
| 5                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Procedures for responding to vomiting and diarrheal events                                                                  | 26                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Pasteurized foods used; prohibited foods not offered                                         |
| Good Hygienic Practices                                |                                                                                                                                                                                                                                 | Chemical                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                     |
| 6                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>Proper eating, tasting, drinking, or tobacco use                                                                            | 27                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Food additives: approved and properly used                                                   |
| 7                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>No discharge from eyes, nose, and mouth                                                                                     | 28                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Toxic substances properly identified, stored, used                                           |
| Preventing Contamination by Hands                      |                                                                                                                                                                                                                                 | Conformance with Approved Procedures                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |
| 8                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>Hands clean and properly washed                                                                                             | 29                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan        |
| 9                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 30                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Fresh Juice Production                    |
| 10                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Adequate handwashing facilities supplied & accessible                                                                       | 31                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Heat Treatment Dispensing Freezers        |
| Approved Source                                        |                                                                                                                                                                                                                                 | 32                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Custom Processing                         |
| 11                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food obtained from approved source                                                                                                                       | 33                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>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<br>Food received at proper temperature                                                         | 34                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Acidified White Rice Preparation Criteria |
| 13                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food in good condition, safe, and unadulterated                                                                                                          | 35                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>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<br>Required records available: shellstock tags, parasite destruction                           | 36                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Process Review                                                                               |
| Protection from Contamination                          |                                                                                                                                                                                                                                 | 37                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Variance                                                                                     |
| 15                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Food separated and protected                                                                | <div style="padding: 10px;"> <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> </div> |                                                                                                                                                                                                     |
| 16                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Food-contact surfaces: cleaned and sanitized                                                |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                     |
| 17                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>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<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>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<br>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<br>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<br>Proper hot holding temperatures                                                             |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                     |
| 22                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Proper cold holding temperatures                                                                                            |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                     |

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|                                                             |                                      |                           |
|-------------------------------------------------------------|--------------------------------------|---------------------------|
| <b>Name of Facility</b><br>JOINT TWP DIST MEMORIAL HOSPITAL | <b>Type of Inspection</b><br>sta ccp | <b>Date</b><br>12/18/2025 |
|-------------------------------------------------------------|--------------------------------------|---------------------------|

## 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                                    | 54                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 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                              | Water and ice from approved source                                      | 55                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 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 | Proper cooling methods used; adequate equipment for temperature control | 56                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Nonfood-contact surfaces clean                                                        |
| 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                              |                                 |                                                                                                                               |                                                                                       |
| 42                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Approved thawing methods used                                           |                                 |                                                                                                                               |                                                                                       |
| 43                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Thermometers provided and accurate                                      |                                 |                                                                                                                               |                                                                                       |
| Food Identification              |                                                                                                                               |                                                                         |                                 |                                                                                                                               |                                                                                       |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Food properly labeled; original container                               |                                 |                                                                                                                               |                                                                                       |
| Prevention of Food Contamination |                                                                                                                               |                                                                         |                                 |                                                                                                                               |                                                                                       |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Insects, rodents, and animals not present/outer openings protected      | 57                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Hot and cold water available; adequate pressure                                       |
| 46                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Contamination prevented during food preparation, storage & display      | 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                                           |
| 47                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness                                                    | 59                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Sewage and waste water properly disposed                                              |
| 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                                 | 60                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Toilet facilities: properly constructed, supplied, cleaned                            |
| 49                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Washing fruits and vegetables                                           | 61                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Garbage/refuse properly disposed; facilities maintained                               |
| Proper Use of Utensils           |                                                                                                                               |                                                                         | 62                              | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |
| 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                                        | 63                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Adequate ventilation and lighting; designated areas used                              |
| 51                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Utensils, equipment and linens: properly stored, dried, handled         | 64                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Existing Equipment and Facilities                                                     |
| 52                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Single-use/single-service articles: properly stored, used               | <b>Administrative</b>           |                                                                                                                               |                                                                                       |
| 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                             | 65                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | 901:3-4 OAC                                                                           |
|                                  |                                                                                                                               |                                                                         | 66                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 3701-21 OAC                                                                           |

## 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: Discussed cooking temps<br>CCP: Discussed warewashing mashine temps<br>CCP: Discussed cold holding temps                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 62       | 3717-1-06.4(B) | NC             | Cleaning - frequency and restrictions.<br><br>On the back wall of the walk-in cooler on the left a plastic cut was ruptured container of an unknown substance.<br><br>Along the left wall was some paper debris. | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                       |                                                        |
|-----------------------------------------------------------------------|--------------------------------------------------------|
| <b>Person in Charge</b><br>RUSSEL POLK RS/SIT# 24-5304                | <b>Date</b><br>12/18/2025                              |
| <b>Environmental Health Specialist</b><br>RUSSEL POLK RS/SIT# 24-5304 | <b>Licensors:</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)