

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility PANTRY PRIDE	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 336	Date 09/29/2025
Address 1550 CELINA RD.	City/State/Zip Code ST. MARYS OH 45885		
License holder SBA REALTY, LTD.	Inspection Time 120	Travel Time 30	Category/Descriptive COMMERCIAL 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

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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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		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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 <input 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 checked="" type="checkbox"/> OUT <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 <input type="checkbox"/> N/A <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 <input 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 type="checkbox"/> IN <input checked="" 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			
Proper hot holding temperatures			
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 checked="" 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 <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 <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

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility PANTRY PRIDE	Type of Inspection sta	Date 09/29/2025
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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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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		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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative					
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	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Approved thawing methods used		Hot and cold water available; adequate pressure					
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
Thermometers provided and accurate		Plumbing installed; proper backflow devices					
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Prevention of Food Contamination		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
45	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned					
Insects, rodents, and animals not present/outer openings protected		62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O				
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained					
Contamination prevented during food preparation, storage & display		63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas					
Personal cleanliness		64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
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		Administrative					
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O						
Washing fruits and vegetables		65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Proper Use of Utensils		901:3-4 OAC					
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
In-use utensils: properly stored		3701-21 OAC					
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Observations and Corrective Actions					
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		Mark "X" in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation					
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		Item No.	Code Section	Priority Level	Comment	COS	R
15	3717-1-03.2(C)	C	Packaged and unpackaged food - separation, packaging, and segregation.	<input type="checkbox"/>	<input type="checkbox"/>		
			There was a container of meat on the top level of the rack uncovered in the walk-in cooler.				
33	3717-1-08.3(H)	C	Special Requirements: Bulk Water Machine Criteria - Sampling	<input type="checkbox"/>	<input type="checkbox"/>		
			There was no current water sample on file.				
45	3717-1-06.1(M)	NC	Outer openings - protected.	<input type="checkbox"/>	<input type="checkbox"/>		
			The fire door near the office has a gap allowing light in.				
			The back door from dry storage is not sealed. There is evidence of debris being blown in from the outside.				
46	3717-1-03.2(Q)	NC	Food storage - Preventing Contamination from the Premises	<input type="checkbox"/>	<input type="checkbox"/>		
			There were cardboard boxes stacked on the floor across from the mop area, under the produce table, on the floor of the meat cutting room, and under the condenser in the beer & dairy walk-in cooler.				
			There was cardboard and vegetable debris on the floor of the produce walk-in cooler.				
54	3717-1-04.4(A)(2)	NC	Equipment - Good Repair and Proper Adjustment - Intact, Tight, Adjusted per Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>		
			The gasket on the door from the meat walk-in to dry storage is cracked.				
			The gasket on the beer & wine walk-in is shredded.				
			There is a torn gasket on the door in front of Michelina's frozen foods.				
			The middle fan on the rear cooler in the rear walk-in freezer is not spinning.				
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency.	<input type="checkbox"/>	<input type="checkbox"/>		

Person in Charge	Date 09/29/2025
Environmental Health Specialist RUSSEL POLK RS/SIT# 24-5304	Licensor: 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 PANTRY PRIDE			Type of Inspection sta	Date 09/29/2025	
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
			The floors of the reach-in cooler and freezer in the deli area were dirty to sight and touch. There was a masher with a trapped piece of meat in it. It was immediately removed to the dishwashing area. There was food debris on the shelf with roasters on it. The grills on the compressor in the produce walk-in cooler were corroded.		
62	3717-1-06.4(A)	NC	Repairing. There is a hole in the tile at the back end of aisle 11 There is a broken tile near the pole in front of the registers.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. There is plastic under the 3-compartment-sink in the produce area. There are dough balls on the floor of the walk-in freezer.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(F)	NC	Drying mops. There was a mop resting in the water at the bottom of a mop bucket near the office.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge		Date 09/29/2025
Environmental Health Specialist RUSSEL POLK RS/SIT# 24-5304		Licensors: 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)