

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                            |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------|
| <b>Name of facility</b><br>SHREE SHYAMASHYAM CORP. DBA SUBWAY                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Check one</b><br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | <b>License Number</b><br>461               | <b>Date</b><br>06/16/2025                                         |
| <b>Address</b><br>1401 BELLEFONTAINE AVE.                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>City/State/Zip Code</b><br>WAPAKONETA OH 45895                                        |                                            |                                                                   |
| <b>License holder</b><br>SHREE SHYAMASHYAM CORP.                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Inspection Time</b><br>45                                                             | <b>Travel Time</b><br>5                    | <b>Category/Descriptive</b><br>COMMERCIAL CLASS 3 <25,000 SQ. FT. |
| <b>Type of inspection (check all that apply)</b><br><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<br><input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation |                                                                                          | <b>Follow-up date (if required)</b><br>/ / | <b>Water sample date/result (if required)</b><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                                      |                                                                                                                                                                                                                                                              |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supervision                                            |                                                                                                                                                                                                                                                              |
| 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                                                                                    |
| 2                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Certified Food Protection Manager                                                                                                                        |
| Employee Health                                        |                                                                                                                                                                                                                                                              |
| 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                                                          |
| 4                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Proper use of restriction and exclusion                                                                                                                  |
| 5                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Procedures for responding to vomiting and diarrheal events                                                                                               |
| Good Hygienic Practices                                |                                                                                                                                                                                                                                                              |
| 6                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>Proper eating, tasting, drinking, or tobacco use                                                                                                         |
| 7                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>No discharge from eyes, nose, and mouth                                                                                                                  |
| Preventing Contamination by Hands                      |                                                                                                                                                                                                                                                              |
| 8                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>Hands clean and properly washed                                                                                                                          |
| 9                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<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 |
| 10                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Adequate handwashing facilities supplied & accessible                                                                                                    |
| Approved Source                                        |                                                                                                                                                                                                                                                              |
| 11                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food obtained from approved source                                                                                                                                                    |
| 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                                                                                      |
| 13                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food in good condition, safe, and unadulterated                                                                                                                                       |
| 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                                                        |
| Protection from Contamination                          |                                                                                                                                                                                                                                                              |
| 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                                                                                             |
| 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" 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                                                                                                                         |

  

| Compliance Status                                      |                                                                                                                                                                                                     |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Time/Temperature Controlled for Safety Food (TCS food) |                                                                                                                                                                                                     |
| 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                             |
| 24                                                     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Time as a public health control: procedures & records           |
| Consumer Advisory                                      |                                                                                                                                                                                                     |
| 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                                      |
| Highly Susceptible Populations                         |                                                                                                                                                                                                     |
| 26                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Pasteurized foods used; prohibited foods not offered                                         |
| Chemical                                               |                                                                                                                                                                                                     |
| 27                                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Food additives: approved and properly used                                                   |
| 28                                                     | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Toxic substances properly identified, stored, used                                           |
| Conformance with Approved Procedures                   |                                                                                                                                                                                                     |
| 29                                                     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan        |
| 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                    |
| 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        |
| 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                         |
| 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               |
| 34                                                     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Acidified White Rice Preparation Criteria |
| 35                                                     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Critical Control Point Inspection                                                            |
| 36                                                     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Process Review                                                                               |
| 37                                                     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Variance                                                                                     |

**Risk Factors** are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

**Public health interventions** are control measures to prevent foodborne illness or injury.

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|                                                               |                                  |                           |
|---------------------------------------------------------------|----------------------------------|---------------------------|
| <b>Name of Facility</b><br>SHREE SHYAMASHYAM CORP. DBA SUBWAY | <b>Type of Inspection</b><br>sta | <b>Date</b><br>06/16/2025 |
|---------------------------------------------------------------|----------------------------------|---------------------------|

## 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 | 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                      |                                                                                                                               |
| <b>Food Temperature Control</b>                                         |                                                                                                                               | 56                                                                                    | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                                                           |
| 40                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Nonfood-contact surfaces clean                                                        |                                                                                                                               |
| Proper cooling methods used; adequate equipment for temperature control |                                                                                                                               | <b>Physical Facilities</b>                                                            |                                                                                                                               |
| 41                                                                      | <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                              |
| Plant food properly cooked for hot holding                              |                                                                                                                               | Hot and cold water available; adequate pressure                                       |                                                                                                                               |
| 42                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 58                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Approved thawing methods used                                           |                                                                                                                               | Plumbing installed; proper backflow devices                                           |                                                                                                                               |
| 43                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 59                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Thermometers provided and accurate                                      |                                                                                                                               | Sewage and waste water properly disposed                                              |                                                                                                                               |
| <b>Food Identification</b>                                              |                                                                                                                               | 60                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 44                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Toilet facilities: properly constructed, supplied, cleaned                            |                                                                                                                               |
| Food properly labeled; original container                               |                                                                                                                               | 61                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| <b>Prevention of Food Contamination</b>                                 |                                                                                                                               | Garbage/refuse properly disposed; facilities maintained                               |                                                                                                                               |
| 45                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 62                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Insects, rodents, and animals not present/outer openings protected      |                                                                                                                               | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |                                                                                                                               |
| 46                                                                      | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                                                           | 63                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           |
| Contamination prevented during food preparation, storage & display      |                                                                                                                               | Adequate ventilation and lighting; designated areas used                              |                                                                                                                               |
| 47                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 64                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| Personal cleanliness                                                    |                                                                                                                               | Existing Equipment and Facilities                                                     |                                                                                                                               |
| 48                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | <b>Administrative</b>                                                                 |                                                                                                                               |
| Wiping cloths: properly used and stored                                 |                                                                                                                               | 65                                                                                    | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| 49                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 901:3-4 OAC                                                                           |                                                                                                                               |
| Washing fruits and vegetables                                           |                                                                                                                               | 66                                                                                    | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| <b>Proper Use of Utensils</b>                                           |                                                                                                                               | 3701-21 OAC                                                                           |                                                                                                                               |
| 50                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                       |                                                                                                                               |
| In-use utensils: properly stored                                        |                                                                                                                               |                                                                                       |                                                                                                                               |
| 51                                                                      | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |                                                                                       |                                                                                                                               |
| Utensils, equipment and linens: properly stored, dried, handled         |                                                                                                                               |                                                                                       |                                                                                                                               |
| 52                                                                      | <input 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                        |
|----------|----------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 28       | 3717-1-07.1(E) | C              | Sanitizers - criteria<br><br>The sanitizer was found to be weak. The valve is frequently broken. More sanitizer was added to bring it up to standard.       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 46       | 3717-1-03.2(Q) | NC             | Food storage - Preventing Contamination from the Premises<br><br>A cardboard box of napkins was on the floor of the dry-storage area.                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 56       | 3717-1-04.5(D) | NC             | Nonfood-contact surfaces - cleaning frequency.<br><br>A dirty knife was found on the dry storage shelf. Another was found on a shelf in the walk-in cooler. | <input type="checkbox"/>            | <input type="checkbox"/> |

|                                                                       |                                                        |
|-----------------------------------------------------------------------|--------------------------------------------------------|
| <b>Person in Charge</b><br>RUSSEL POLK RS/SIT# 24-5304                | <b>Date</b><br>06/16/2025                              |
| <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)