

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility VFW POST 9289	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 305	Date 08/05/2025
Address 1309 E. SPRING ST.	City/State/Zip Code ST. MARYS OH 45885		
License holder VFW POST 9289	Inspection Time 60	Travel Time 20	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	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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	
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		Consumer advisory provided for raw or undercooked foods	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>	
Proper use of restriction and exclusion		26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		<b>Chemical</b>	
<b>Good Hygienic Practices</b>		27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		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
<b>Approved Source</b>		Special Requirements: Custom Processing	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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	
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<p><b>Risk Factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p>	
Food separated and protected			
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Food-contact surfaces: cleaned and sanitized			
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper disposition of returned, previously served, reconditioned, and unsafe food			
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 type="checkbox"/> IN <input checked="" 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

<b>Name of Facility</b> VFW POST 9289	<b>Type of Inspection</b> sta	<b>Date</b> 08/05/2025
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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			
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	<b>Physical Facilities</b>	
Plant food properly cooked for hot holding		57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Hot and cold water available; adequate pressure	
Approved thawing methods used		58	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plumbing installed; proper backflow devices	
Thermometers provided and accurate		59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food Identification			
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			
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned	
Insects, rodents, and animals not present/outer openings protected		61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained	
Contamination prevented during food preparation, storage & display		62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
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		63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Adequate ventilation and lighting; designated areas used	
Wiping cloths: properly used and stored		64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Existing Equipment and Facilities	
Washing fruits and vegetables		<b>Administrative</b>	
Proper Use of Utensils			
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
In-use utensils: properly stored		901:3-4 OAC	
51	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Utensils, equipment and linens: properly stored, dried, handled		3701-21 OAC	
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
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding.  Contents of the True Refrigerator had a temperature of 52 degrees while the cooler itself had a temperature of 57. Erin transferred the contents to other coolers and reported this to maintenance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - Preventing Contamination from the Premises  There were 12 boxes on the floor of the walk-in cooler.  There were multiple cans and bottles of drinks on the floor.	<input type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(A)	NC	Equipment and utensils - air-drying  Multiple containers above the 3-compartment sink and the central prep area were not inverted.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(B)	NC	Cutting surfaces.  The cutting board on the prep table is no longer cleanable due to the gouges in its surface. It can either be resurfaced or replaced.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency.  The inside of the microwave is dirty.  The back of the grid/dle and stove has burned on grease.  The stove eyes and burners are dirty.  The large can opener is dirty.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b>	<b>Date</b> 08/05/2025
<b>Environmental Health Specialist</b> RUSSEL POLK RS/SIT# 24-5304	<b>Licensor:</b> 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

<b>Name of Facility</b> VFW POST 9289			<b>Type of Inspection</b> sta		<b>Date</b> 08/05/2025	
<b>Observations and Corrective Actions (continued)</b>						
Mark "X" in appropriate box for COS and R: <b>COS</b> = corrected on-site during inspection <b>R</b> = repeat violation						
Item No.	Code Section	Priority Level	Comment	COS	R	
			The faucel of the 3-compartment sink is leaking.			

<b>Person in Charge</b>		<b>Date</b> 08/05/2025
<b>Environmental Health Specialist</b> RUSSEL POLK                      RS/SIT# 24-5304		<b>Licensors:</b> 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)