

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility WAGNER'S IGA	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 653	Date 06/30/2025
Address 257 E. 4TH ST.	City/State/Zip Code MINSTER OH 45865		
License holder BRAIDO FOOD MARKETS LLC	Inspection Time 120	Travel Time 25	Category/Descriptive COMMERCIAL CLASS 4 =>25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input checked="" 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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			
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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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

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Name of Facility WAGNER'S IGA	Type of Inspection sta pr	Date 06/30/2025
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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	Pasteurized eggs used where required	54 <input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" 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	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 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	Approved thawing methods used	58 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	65 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC
Prevention of Food Contamination		Administrative	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 3701-21 OAC
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Wiping cloths: properly used and stored	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	
Proper Use of Utensils		Administrative	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils: properly stored	
51	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	
52	<input type="checkbox"/> IN <input checked="" 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
	Comment/ Obs		PR: Reviewed hot and cold hold temperatures, cooking temperatures and their cooling process and requirements. PR: Inspecting food packages for integrity and signs of temperature abuse when received and prior to use.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		PR: Reviewed proper chemical labeling and storage requirements. Sanitizer spray bottle in the deli not labeled. When removed from the original container the working container must be labeled with the product name to prevent mixing of chemicals and to ensure harmful chemicals are not used on food contact surfaces. LABELED DURING THE INSPECTION. SEE ITEM 28.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		PR: Reviewed date marking requirements No pack on dates on the potato salad, ham salad or pasta salad in the display cooler in the retail area and the discard date is not being calculated properly. The day of preparation or the date the package is opened shall be counted as day one. SEE ITEM 23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		PR: Reviewed and observed employee food handling practices Items uncovered in the deli walk-in cooler (not covered from cooling process from previous day) and raw eggs stored above ready to eat products. During storage, ready to eat food must be protected from cross-contamination through proper storage practices such as covering and storing ready to eat foods above raw meat. COVERED DURING THE INSPECTION. SEE ITEM 15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - separation, packaging, and segregation. Items uncovered in the deli walk-in cooler (not covered from cooling process from previous day) and raw eggs stored above ready to eat products. COVERED DURING THE INSPECTION AND EGGS MOVED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	3717-1-03.4(G)	C	Ready-to-eat, time/temperature controlled for safety food - date marking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 06/30/2025
Environmental Health Specialist KENT MARTZ RS/SIT# 2937	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 WAGNER'S IGA		Type of Inspection sta pr	Date 06/30/2025		
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
			No pack on dates on the potato salad, ham salad or pasta salad in the display cooler in the retail area and the discard date is not being calculated properly. The day of preparation or the date the package is opened shall be counted as day one. DATES ADDED TO THE PRODUCTS DURING THE INSPECTION.		
23	3717-1-03.4(H)	C	Ready-to-eat, time/temperature controlled for safety food - disposition.	<input type="checkbox"/>	<input type="checkbox"/>
28	3717-1-07(B)	C	Poisonous or toxic materials - Working containers - common name. Sanitizer spray bottle in the deli not labeled. LABELED DURING THE INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51	3717-1-04.8(E)(1)	NC	Equipment, Utensils, Linens - Storage - Location Dirty utensils in the drawer of the table in the center of the bakery area.	<input type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage - Location Case of deli containers in the bakery and packages of foam meat trays in the walkway from the meat service counter to the produce area stored on the floor.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)(2)	NC	Equipment - Good Repair and Proper Adjustment - Intact, Tight, Adjusted per Manufacturer Seals on following equipment doors torn/damaged: Deli and produce walk-in coolers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. Fan grates on the condenser in the meat cutting room, On the shelves of the rack next to the #10 can rack in the bakery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. Hot water for the hand wash sink in the bakery not working.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. Need to continue to make progress on repairs to damaged walls in the deli and cook room areas, replacing water damaged ceiling tile as well as replacing the wood cabinets in the deli and bakery areas. The wood cabinet by the hand wash sink in the bakery is severely water damaged and needs to be removed. SEE ITEM 64 Hole in the wall where the electric for the dish washer in the bakery came through needs to be sealed. There is also a hole in the wall to the left of the three compartment sink in the meat cutting room. Light not working in the sausage room. Must be repaired to meet the light intensity requirements of 50 foot candles. Wall to the left of the breeding station in the deli is damaged.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. Build-up of dirt/grease on the ceiling tile in the deli. Wall around the produce sink dirty.	<input type="checkbox"/>	<input type="checkbox"/>
63	3717-1-06.2(I)	NC	Lighting - Intensity Light intensity in the meat room does not meet the 50 foot candle requirements.	<input type="checkbox"/>	<input type="checkbox"/>
64	3717-1-20	NC	Existing Facilities and Equipment - Requirements for Replacement	<input type="checkbox"/>	<input type="checkbox"/>
65	901:3-4-15(B)	C	Embargoing of food due to adulteration, misbranding, or expired baby formula or baby foods 33 units of outdated baby food. REMOVED FROM THE SHELF AND EMPTIED IN THE DUMPSTER.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 06/30/2025
Environmental Health Specialist KENT MARTZ RS/SIT# 2937	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)