

State of Ohio
Food Inspection Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Osgood American Region</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1116</i>	Date <i>12/5/25</i>
Address <i>228 Osgood Avenue RD</i>	City/State/Zip Code <i>OSSCOOP, OH 45551</i>		
License holder <i>Osgood American Region</i>	Inspection Time <i>1:15</i>	Travel Time <i>60</i>	Category/Descriptive <i>NCSS</i>
Type of inspection (check all that apply) <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records
Employee Health		Consumer Advisory	
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations	
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
Good Hygienic Practices		Chemical	
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Food additives: approved and properly used
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toxic substances properly identified, stored, used
Preventing Contamination by Hands		Conformance with Approved Procedures	
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers
Approved Source		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
11	<input 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 Special Requirements: Bulk Water Machine Criteria
12	<input 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 Special Requirements: Acidified White Rice Preparation Criteria
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection
14	<input 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 Process Review
Protection from Contamination		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>OSGOOD AMERICAN REGION</i>	Type of Inspection <i>Standard</i>	Date <i>12/15/13</i>
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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
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Water and ice from approved source
Food Temperature Control			
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
41	<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Approved thawing methods used
43	<input 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
46	<input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Wiping cloths: properly used and stored
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Washing fruits and vegetables
Proper Use of Utensils			
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 type="checkbox"/> OUT <input type="checkbox"/> N/A		Utensils, equipment and linens: properly stored, dried, handled
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Single-use/single-service articles: properly stored, used
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Slash-resistant, cloth, and latex glove use
Physical Facilities			
57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Hot and cold water available; adequate pressure
58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Plumbing installed; proper backflow devices
59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Sewage and waste water properly disposed
60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Toilet facilities: properly constructed, supplied, cleaned
61	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Garbage/refuse properly disposed; facilities maintained
62	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
63	<input type="checkbox"/> IN <input type="checkbox"/> OUT		Adequate ventilation and lighting; designated areas used
64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		Existing Equipment and Facilities
Administrative			
65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		901:3-4 OAC
66	<input 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
			<i>Satisfactory @ INSPECTION</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Tom M. Behr</i>	Date: <i>12-5-23</i>
Environmental Health Specialist <i>U M</i>	Licensor: <i>DCHD</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL