

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

|   |   |   |  |
|---|---|---|--|
| Name of facility<br><b>B+B Food mart LLC</b>  | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br><b>176</b>                      | Date<br><b>11/20/24</b>                |
| Address<br><b>101 E Main ST</b>   |   | City/State/Zip Code<br><b>Union City OH 45390</b> |  |
| License holder<br><b>Rupinder Singh</b>   | Inspection Time<br><b>45</b>  | Travel Time<br><b>25</b>                          | Category/Descriptive<br><b>CJS</b>     |
| Type of Inspection (check all that apply)<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 |   | 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>  |  |  |
| 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   | 23 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper date marking and disposition   |  |
| 2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Certified Food Protection Manager   | 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   |  |
| <b>Employee Health</b>  |  |  |
| 3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Management, food employees and conditional employees; knowledge, responsibilities and reporting  | <b>Consumer Advisory</b>   |  |
| 4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Proper use of restriction and exclusion   | 25 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Consumer advisory provided for raw or undercooked foods  |  |
| 5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Procedures for responding to vomiting and diarrheal events  | <b>Highly Susceptible Populations</b>  |  |
| <b>Good Hygienic Practices</b>  |  |  |
| 6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>Proper eating, tasting, drinking, or tobacco use   | 26 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Pasteurized foods used; prohibited foods not offered   |  |
| 7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>No discharge from eyes, nose, and mouth   | <b>Chemical</b>  |  |
| <b>Preventing Contamination by Hands</b>  |  |  |
| 8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>Hands clean and properly washed   | 27 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Food additives: approved and properly used   |  |
| 9 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" 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 | 28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Toxic substances properly identified, stored, used   |  |
| 10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Adequate handwashing facilities supplied & accessible  | <b>Conformance with Approved Procedures</b>  |  |
| <b>Approved Source</b>  |  |  |
| 11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food obtained from approved source  | 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  |  |
| 12 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O<br>Food received at proper temperature  | 30 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Fresh Juice Production   |  |
| 13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food in good condition, safe, and unadulterated   | 31 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Heat Treatment Dispensing Freezers  |  |
| 14 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Required records available: shellstock tags, parasite destruction                          | 32 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Custom Processing   |  |
| <b>Protection from Contamination</b>  |  |  |
| 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   | 33 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Bulk Water Machine Criteria   |  |
| 16 <input 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  | 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   |  |
| 17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Proper disposition of returned, previously served, reconditioned, and unsafe food   | 35 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Critical Control Point Inspection   |  |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b>   |  |  |
| 18 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper cooking time and temperatures   | 36 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A<br>Process Review  |  |
| 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  | 37 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A<br>Variance   |  |
| 20 <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper cooling time and temperatures  | <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> |  |
| 21 <input 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   |  |  |

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |                                       |                         |
|--|---------------------------------------|-------------------------|
| Name of Facility<br><i>B2B Food mart LLC</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>11/20/24</i> |
|--|---------------------------------------|-------------------------|

## 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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  |
| Food Temperature Control         |   | Physical Facilities             |   |
| 40                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 56                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   |
|                                  | Proper cooling methods used; adequate equipment for temperature control   |                                 | Nonfood-contact surfaces clean  |
| 41                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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  |
| Food Identification              |   | 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                              |
| Prevention of Food Contamination |   |                                 | Garbage/refuse properly disposed; facilities maintained   |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | 62                              | <input type="checkbox"/> IN <input checked="" 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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Administrative                  |   |
|                                  | Wiping cloths: properly used and stored   | 65                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 49                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |                                 | 901:3-4 OAC   |
|                                  | Washing fruits and vegetables   | 66                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              |
| Proper Use of Utensils           |   |                                 | 3701-21 OAC   |
| 50                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A                              |                                 |   |
|                                  | Single-use/single-service articles: properly stored, used   |                                 |   |
| 53                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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                                   |
|-----------|--------------|----------------|--|-------------------------------------|-------------------------------------|
| <i>23</i> | <i>3.4H</i>  | <i>C</i>       | <i>Observed milk dated 11/16 and sweet corn dated 11/7. PIC placed in discard area</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <i>62</i> | <i>6.4 B</i> | <i>NC</i>      | <i>Observed dirty shelves in walk-in cooler</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/>            |

|   |                           |
|---|---------------------------|
| Person in Charge<br><i>[Signature]</i>                | Date:<br><i>11/20/24</i>  |
| Environmental Health Specialist<br><i>[Signature]</i> | Licensors:<br><i>DCHD</i> |