

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

Name of facility <b>BECK'S MEATCO</b>		Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <b>352</b>	Date <b>6-24-25</b>
Address <b>11050 CATHY SWICK RD</b>		City/State/Zip Code <b>CORVALLIS OH 45331</b>		
License holder <b>SARAH A HE KALLON</b>		Inspection Time <b>1:15</b>	Travel Time <b>20</b>	Category/Descriptive <b>SEA</b>
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																																																																																																							
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accessible</td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Approved Source</th> </tr> <tr> <td>11 <input type="checkbox"/> IN <input type="checkbox"/> OUT</td> <td>Food obtained from approved source</td> </tr> <tr> <td>12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>Food received at proper temperature</td> </tr> <tr> <td>13 <input type="checkbox"/> IN <input type="checkbox"/> OUT</td> <td>Food in good condition, safe, and unadulterated</td> </tr> <tr> <td>14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>Required records available: shellstock tags, parasite destruction</td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Protection from Contamination</th> </tr> <tr> <td>15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>Food separated and protected</td> </tr> <tr> <td>16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>Food-contact surfaces: cleaned and sanitized</td> </tr> <tr> <td>17 <input type="checkbox"/> IN <input type="checkbox"/> OUT</td> <td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Time/Temperature Controlled for Safety Food (TCS food)</th> </tr> <tr> <td>18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>Proper cooking time and temperatures</td> </tr> <tr> <td>19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>Proper reheating procedures for hot holding</td> </tr> <tr> <td>20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>Proper cooling time and temperatures</td> </tr> <tr> <td>21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O</td> <td>Proper hot holding temperatures</td> </tr> <tr> <td>22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A</td> <td>Proper cold holding temperatures</td> </tr> </tbody> </table>	Compliance Status		Supervision		1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Person in charge present, demonstrates knowledge, and performs duties	2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	Employee Health		3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, food employees and conditional employees; 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