

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

|   |   |                              |  |
|---|---|------------------------------|--|
| Name of facility<br><i>Buckeye Beverage</i>   | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br><i>54</i>  | Date<br><i>7/10/25</i>                 |
| Address<br><i>647 Wagner Ave</i>  | City/State/Zip Code<br><i>Greenwich OH 45331</i>                                  |                              |  |
| License holder<br><i>Douglas Schmitt</i>  | Inspection Time<br><i>30</i>  | Travel Time<br><i>10</i>     | Category/Descriptive<br><i>CB</i>      |
| 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>  |   | <b>Time/Temperature Controlled for Safety Food (TCS food)</b>  |  |
| 1   | <input 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 |
| Person in charge present, demonstrates knowledge, and performs duties                           |   | Proper date marking and disposition  |  |
| 2   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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                              |
| Management, food employees and conditional employees; knowledge, responsibilities and reporting |   | Consumer advisory provided for raw or undercooked foods  |  |
| 4   | <input 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 6   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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 type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9   | <input 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 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 type="checkbox"/> N/A <input type="checkbox"/> N/O |
| <b>Approved Source</b>  |   | Special Requirements: Custom Processing  |  |
| 11  | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | 33   | <input 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 type="checkbox"/> N/O            | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food received at proper temperature   |   | 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                              |
| Food in good condition, safe, and unadulterated   |   | 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                   |
| Required records available: shellstock tags, parasite destruction                               |   | Process Review   |  |
| <b>Protection from Contamination</b>  |   | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              |
| 15  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Variance   |  |
| Food separated and protected  |   | <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> |  |
| 16  | <input 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 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O            | Proper cooling time and temperatures   |  |
| 21  | <input 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

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |                                       |                        |
|--|---------------------------------------|------------------------|
| Name of Facility<br><i>Backstop Beverage</i> | Type of Inspection<br><i>Standard</i> | Date<br><i>7/10/25</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 type="checkbox"/> N/A <input type="checkbox"/> N/O            | Pasturized eggs used where required  |  |
| 39                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Water and ice from approved source   |  |
| Food Temperature Control         |   |  |  |
| 40                               | <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Thermometers provided and accurate   |  |
| Food Identification              |   |  |  |
| 44                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | Food properly labeled; original container  |  |
| Prevention of Food Contamination |   |  |  |
| 45                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | Insects, rodents, and animals not present/outer openings protected                 |  |
| 46                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Contamination prevented during food preparation, storage & display                 |  |
| 47                               | <input 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 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 type="checkbox"/> N/O            | Washing fruits and vegetables  |  |
| Physical Facilities              |   |  |  |
| 57                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Hot and cold water available; adequate pressure                                    |  |
| 58                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plumbing installed; proper backflow devices  |  |
| 59                               | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Adequate ventilation and lighting; designated areas used                           |  |
| 64                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Existing Equipment and Facilities  |  |
| Administrative                   |   |  |  |
| 65                               | <input checked="" 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 checked="" type="checkbox"/> N/A                              | 3701-21 OAC  |  |
| Proper Use of Utensils           |   |  |  |
| 50                               | <input 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  |  |

## 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 @ Time of Inspection</i> | <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"/> |
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|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| Person in Charge<br><i>Tracy M. Schmidt</i>           | Date:<br><i>7/10/25</i>  |
| Environmental Health Specialist<br><i>[Signature]</i> | Licensor:<br><i>DCHD</i> |

PRIORITY LEVEL: *C* = CRITICAL    NC = NON-CRITICAL

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