

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

|   |   |   |  |
|---|---|---|--|
| Name of facility<br><i>Casey's General Store #3607</i>  | Check one<br><input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE | License Number<br><i>273</i>                            | Date<br><i>11/19/25</i>                |
| Address<br><i>706 E Main ST</i>   |   | City/State/Zip Code<br><i>Versailles OH 45321 45350</i> |  |
| License holder<br><i>Casey's Holding Company</i>  | Inspection Time<br><i>75</i>  | Travel Time<br><i>25</i>                                | Category/Descriptive<br><i>C35</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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Proper date marking and disposition                             |
| 2   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Certified Food Protection Manager   | 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Time as a public health control: procedures & records           |
| <b>Employee Health</b>  |   | <b>Consumer Advisory</b>   |  |
| 3   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Management, food employees and conditional employees; knowledge, responsibilities and reporting               | 25   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Consumer advisory provided for raw or undercooked foods                                      |
| 4   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Proper use of restriction and exclusion   | <b>Highly Susceptible Populations</b>  |  |
| 5   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Procedures for responding to vomiting and diarrheal events  | 26   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Pasteurized foods used; prohibited foods not offered   |
| <b>Good Hygienic Practices</b>                                |   | <b>Chemical</b>  |  |
| 6   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O<br>Proper eating, tasting, drinking, or tobacco use  | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Food additives: approved and properly used   |
| 7   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>No discharge from eyes, nose, and mouth   | 28   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Toxic substances properly identified, stored, used   |
| <b>Preventing Contamination by Hands</b>                      |   | <b>Conformance with Approved Procedures</b>  |  |
| 8   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O<br>Hands clean and properly washed   | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>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<br>No bare hand contact with ready-to-eat foods or approved alternate method properly followed | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Fresh Juice Production                    |
| 10  | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A<br>Adequate handwashing facilities supplied & accessible   | 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Heat Treatment Dispensing Freezers        |
| <b>Approved Source</b>  |   | 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Custom Processing                         |
| 11  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food obtained from approved source  | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>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<br>Food received at proper temperature   | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Special Requirements: Acidified White Rice Preparation Criteria |
| 13  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>Food in good condition, safe, and unadulterated  | 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Critical Control Point Inspection  |
| 14  | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Required records available: shellstock tags, parasite destruction                | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Process Review   |
| <b>Protection from Contamination</b>                          |   | 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A<br>Variance   |
| 15  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O<br>Food-contact surfaces: cleaned and sanitized                                     |  |  |
| 17  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br>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 checked="" type="checkbox"/> N/O<br>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<br>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<br>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<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  |  |  |

Authority: Chapters 3717 and 3715 Ohio Revised Code