

State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Smith, Bucyrus Republique</i>	Check one <input type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>317</i>	Date <i>10-10-15</i>
Address <i>201 E 4th Street</i>	City/State/Zip Code <i>Worthington, OH 43085</i>		
License holder <i>David Smith</i>	Inspection Time <i>10:00</i>	Travel Time <i>30</i>	Category/Descriptive <i>CBS</i>
Type of Inspection (check all that apply)			Follow up date (if required)
<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			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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Person in charge present, demonstrates knowledge, and performs duties		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	Certified Food Protection Manager		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				
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, food employees and conditional employees; knowledge, responsibilities and reporting		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	Proper use of restriction and exclusion		26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered	
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events		27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Chemical Food additives: approved and properly used	
Good Hygienic Practices				
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use		28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Highly Susceptible Populations Toxic substances properly identified, stored, used	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Conformance with Approved Procedures Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Preventing Contamination by Hands				
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed		30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Special Requirements: Fresh Juice Production	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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 Special Requirements: Heat Treatment Dispensing Freezers	
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible		32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing	
Approved Source				
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source		33 <input 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	Food received at proper temperature		34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	Food in good condition, safe, and unadulterated		35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Critical Control Point Inspection	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction		36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Process Review	
Protection from Contamination				
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected		37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Variance	
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		Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.	
17 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food		Public health interventions are control measures to prevent foodborne illness or injury.	
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	Proper cooking time and temperatures			
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 <i>Country Biscuit Parlor & Cafe</i>	Type of Inspection <i>Accepted</i>	Date <i>10/15/2025</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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control			56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Nonfood-contact surfaces clean
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	57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Physical Facilities
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	58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
Food Identification			61	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	62	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination			63	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate ventilation and lighting; designated areas used
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Administrative
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			901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables			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
50	301.1(A)(1)(c)	NC	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
51	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
52	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
53	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
54	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
55	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
56	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
57	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
58	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
59	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
60	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
61	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
62	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
63	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
64	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
65	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input type="checkbox"/>	<input type="checkbox"/>
66	301.1(B)(1)(c)	C	<i>Corrected items and signs in window reflecting off door.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Sandy Skidmore</i>	Date: <i>10/15/2025</i>
Environmental Health Specialist <i>Leanne</i>	Licensor: <i>DCOHS</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL