

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

Name of facility <i>Wayne Healthcare &amp; Essential Drug</i>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>1183</i>	Date <i>12/11/25</i>
Address <i>835 Superior ST</i>		City/State/Zip Code <i>Greenwich OH 45331</i>		
License holder <i>Wayne Healthcare &amp; Essential Drug</i>		Inspection Time <i>90</i>	Travel Time <i>10</i>	Category/Descriptive <i>C45</i>
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="text-align: center;">Approved Source</th></tr> <tr> <td>11</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source</td> </tr> <tr> <td>12</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature</td> </tr> <tr> <td>13</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated</td> </tr> <tr> <td>14</td> <td><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</td> </tr> <tr><th colspan="2" style="text-align: center;">Protection from Contamination</th></tr> <tr> <td>15</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected</td> </tr> <tr> <td>16</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned and sanitized</td> </tr> <tr> <td>17</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned, and unsafe food</td> </tr> <tr><th colspan="2" style="text-align: center;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr> <td>18</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures</td> </tr> <tr> <td>19</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding</td> </tr> <tr> <td>20</td> <td><input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures</td> </tr> <tr> <td>21</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures</td> </tr> <tr> <td>22</td> <td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper cold holding temperatures</td> </tr> </table>	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 checked="" 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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<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>																																																																																																			

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Wayne Healthcare &amp; Essential Drug</i>	Type of Inspection <i>Standard/CCP</i>	Date <i>12/11/25</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

- |    |   |                                      |
|----|---|--------------------------------------|
| 38 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Pasteurized 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food properly labeled; original container |
|----|---|---|

### Prevention of Food Contamination

- |    |   |  |
|----|---|--|
| 45 | <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness   |
| 48 | <input checked="" 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                                      |

### Proper Use of Utensils

- |    |   |   |
|----|---|---|
| 50 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | In-use utensils: properly stored                                |
| 51 | <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Slash-resistant, cloth, and latex glove use                     |

### Utensils, Equipment and Vending

- |    |  |   |
|----|--|---|
| 54 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 55 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Warewashing facilities: installed, maintained, used; test strips                      |
| 56 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Nonfood-contact surfaces clean  |

### 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Toilet facilities: properly constructed, supplied, cleaned                         |
| 61 | <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Existing Equipment and Facilities  |

### Administrative

- |    |  |             |
|----|--|-------------|
| 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A            | 901:3-4 OAC |
| 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 3701-21 OAC |

## 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 at Time of inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Critical Control Point Inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>No CCP violations at Time of inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Noted during inspection that the sanitizer test strips were expired at The Essential Drug. Please have unexpired test strips for next 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"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Person In Charge <i>[Signature]</i>	Date: <i>12-11-25</i>
Environmental Health Specialist <i>[Signature]</i>	Licensor: <i>DCMD</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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