

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

|  |   |                                     |   |
|--|---|-------------------------------------|---|
| Name of facility<br>QUALITY INN  | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br>20250112          | Date<br>10/22/2025  |
| Address<br>577 ST RT 7N  | City/State/Zip Code<br>GALLIPOLIS OH 45631  |                                     |   |
| License holder<br>SAIGAN LLC   | Inspection Time<br>75   | Travel Time<br>10                   | Category/Descriptive<br>COMMERCIAL CLASS 3 S 25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><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<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)<br>/ / | Water sample date/result (if required)<br>/ /               |

| 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  |   |   |
| 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; knowledge, responsibilities and reporting |
| 4  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Proper use of restriction and exclusion   |
| 5  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Procedures for responding to vomiting and diarrheal events                                      |
| Good Hygienic Practices  |   |   |
| 6  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | Proper eating, tasting, drinking, or tobacco use  |
| 7  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | No discharge from eyes, nose, and mouth   |
| Preventing Contamination by Hands  |   |   |
| 8  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | Hands clean and properly washed   |
| 9  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed     |
| 10   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Adequate handwashing facilities supplied & accessible   |
| Approved Source  |   |   |
| 11   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food obtained from approved source  |
| 12   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food received at proper temperature   |
| 13   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food in good condition, safe, and unadulterated   |
| 14   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Required records available: shellstock tags, parasite destruction                               |
| Protection from Contamination  |   |   |
| 15   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Food separated and protected  |
| 16   | <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  |
| 17   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Proper disposition of returned, previously served, reconditioned, and unsafe food               |
| Time/Temperature Controlled for Safety Food (TCS food)   |   |   |
| 18   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> N/O | Proper cooling time and temperatures  |
| 21   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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  |

  

| Compliance Status  |   |   |
|--|---|---|
| Time/Temperature Controlled for Safety Food (TCS food)   |   |   |
| 23   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper date marking and disposition   |
| 24   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Time as a public health control: procedures & records                                 |
| Consumer Advisory  |   |   |
| 25   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Consumer advisory provided for raw or undercooked foods                               |
| Highly Susceptible Populations   |   |   |
| 26   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Pasteurized foods used; prohibited foods not offered                                  |
| Chemical   |   |   |
| 27   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Food additives: approved and properly used  |
| 28   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Toxic substances properly identified, stored, used                                    |
| Conformance with Approved Procedures   |   |   |
| 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan |
| 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Fresh Juice Production  |
| 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Heat Treatment Dispensing Freezers                              |
| 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Custom Processing   |
| 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Bulk Water Machine Criteria                                     |
| 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | Special Requirements: Acidified White Rice Preparation Criteria                       |
| 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Critical Control Point Inspection   |
| 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Process Review  |
| 37   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Variance  |
| <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> |   |   |

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|  |                           |                           |
|--|---------------------------|---------------------------|
| <b>Name of Facility</b><br>QUALITY INN | <b>Type of Inspection</b> | <b>Date</b><br>10/22/2025 |
|--|---------------------------|---------------------------|

**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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Pasteurized eggs used where required                                    | 54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used  |
| 39                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Water and ice from approved source                                      | 55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips  |
| Food Temperature Control         |   | Physical Facilities   |   |
| 40                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Proper cooling methods used; adequate equipment for temperature control | 56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Nonfood-contact surfaces clean   |
| 41                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Plant food properly cooked for hot holding                              | 57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure   |
| 42                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Approved thawing methods used   | 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  |
| 43                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Thermometers provided and accurate                                      | 59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed  |
| Food Identification              |   | Administrative  |   |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food properly labeled; original container                               | 60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned  |
| Prevention of Food Contamination |   |   |   |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Insects, rodents, and animals not present/outer openings protected      | 61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained   |
| 46                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Contamination prevented during food preparation, storage & display      | 62 <input checked="" 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 |
| 47                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness  | 63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used   |
| 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                                 | 64 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Existing Equipment and Facilities   |
| 49                               | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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  | 65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC   |
| 51                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Utensils, equipment and linens: properly stored, dried, handled         | 66 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 3701-21 OAC   |
| 52                               | <input checked="" 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 checked="" 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                        |
|----------|----------------|----------------|---|--------------------------|--------------------------|
| 10       | 3717-1-05.1(O) | C              | Using a Handwashing Sink - operation and maintenance.<br><br>At time of inspection, the handwash sink was inoperable. The manager was aware and stated a work order had been placed.<br><br>717-1-05.1.O: Using a handwashing sink - operation and maintenance.<br>3717-1-05.1.O.1: A handwashing sink is to be maintained so that it is accessible at all times for employee use.<br>3717-1-05.1.O.2: A handwashing sink may only be used for handwashing.<br>3717-1-05.1.O.3: An automatic handwashing facility is to be used in accordance with manufacturer's instructions.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23       | 3717-1-03.4(H) | C              | Ready-to-eat, time/temperature controlled for safety food - disposition.<br><br>At time of inspection, there were containers that had sliced onions, cut tomatoes, and kraut that were out of date. These items were removed from the cooler and properly disposed of.<br>3717-1-03.4.H: Ready-to-eat, time/temperature controlled for safety food - disposition.<br>3717-1-03.4.H.1: A food specified under paragraph (G) or (G)(2) of this rule is to be discarded if it:<br>3717-1-03.4.H.1.a: Exceeds the temperature or time specified in paragraph (G)(1) of this rule, except time that the product is frozen;<br>3717-1-03.4.H.1.b: Is in a container or package that does not bear a date or day; or<br>3717-1-03.4.H.1.c: Is inappropriately marked with a date or day that exceeds the temperature and time combination as specified in paragraph (G)(1) of this rule.<br>3717-1-03.4.H.2: Refrigerated, ready-to-eat, time/temperature controlled for safety food, dispensed through a vending machine with an automatic shut-off control, is to be discarded if the automatic shutoff control is activated as specified in paragraph (Y) of rule 3717-1-04.1 of the Administrative Code.<br>3717-1-03.4.H.3: Refrigerated, ready-to-eat, time/temperature controlled for safety food, displayed at a micro market, is to be discarded if the automatic shutoff control is activated as specified in paragraph (MM) (1) of rule 3717-1-04.1 of the Administrative Code. | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |
|---|--|
| <b>Person in Charge</b><br>AMBER                                    | <b>Date</b><br>10/22/2025                                  |
| <b>Environmental Health Specialist</b><br>JACOB MORRIS RS/SIT# 4073 | <b>Licensors:</b><br>GALLIA COUNTY GENERAL HEALTH DISTRICT |

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL  
 As per HEA 5302B The Baldwin Group, Inc. (11/19)  
 As per AGR 1268 The Baldwin Group, Inc. (11/19)