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

Name of facility	Check one	License Number	Date
G.A.H.S. ATHLETIC BOOSTERS	☒ FSO ☐ RFE	20250094	10/10/2025

Address	City/State/Zip Code
P.O. BOX 1058	GALLIPOLIS OH 45631

License holder	Inspection Time	Travel Time	Category/Descriptive
GAHS ATHLETIC BOOSTERS	54	15	COMMERCIAL CLASS 3 S 25,000 SQ. FT.

Type of inspection (check all that apply)
☒ Standard ☐ Critical Control Point (FSO) ☐ Process Review (RFE) ☐ Variance Review ☐ Follow Up
☐ Foodborne ☐ 30 Day ☐ Complaint ☐ Pre-licensing ☐ 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

Supervision

#	Status	Item
1	☒ IN ☐ OUT ☐ N/A	Person in charge present, demonstrates knowledge, and performs duties
2	☒ IN ☐ OUT ☐ N/A	Certified Food Protection Manager

Employee Health

#	Status	Item
3	☒ IN ☐ OUT ☐ N/A	Management, food employees and conditional employees; knowledge, responsibilities and reporting
4	☒ IN ☐ OUT ☐ N/A	Proper use of restriction and exclusion
5	☒ IN ☐ OUT ☐ N/A	Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

#	Status	Item
6	☒ IN ☐ OUT ☐ N/O	Proper eating, tasting, drinking, or tobacco use
7	☒ IN ☐ OUT ☐ N/O	No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

#	Status	Item
8	☒ IN ☐ OUT ☐ N/O	Hands clean and properly washed
9	☒ IN ☐ OUT ☐ N/A ☐ N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed
10	☒ IN ☐ OUT ☐ N/A	Adequate handwashing facilities supplied & accessible

Approved Source

#	Status	Item
11	☒ IN ☐ OUT	Food obtained from approved source
12	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food received at proper temperature
13	☒ IN ☐ OUT	Food in good condition, safe, and unadulterated
14	☐ IN ☐ OUT ☒ N/A ☐ N/O	Required records available: shellstock tags, parasite destruction

Protection from Contamination

#	Status	Item
15	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food separated and protected
16	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food-contact surfaces: cleaned and sanitized
17	☒ IN ☐ OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food

Time/Temperature Controlled for Safety Food (TCS food)

#	Status	Item
18	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper cooking time and temperatures
19	☐ IN ☐ OUT ☒ N/A ☐ N/O	Proper reheating procedures for hot holding
20	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper cooling time and temperatures
21	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper hot holding temperatures
22	☒ IN ☐ OUT ☐ N/A	Proper cold holding temperatures

Compliance Status

Time/Temperature Controlled for Safety Food (TCS food)

#	Status	Item
23	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper date marking and disposition
24	☐ IN ☐ OUT ☒ N/A ☐ N/O	Time as a public health control: procedures & records

Consumer Advisory

#	Status	Item
25	☒ IN ☐ OUT ☐ N/A	Consumer advisory provided for raw or undercooked foods

Highly Susceptible Populations

#	Status	Item
26	☒ IN ☐ OUT ☐ N/A	Pasteurized foods used; prohibited foods not offered

Chemical

#	Status	Item
27	☒ IN ☐ OUT ☐ N/A	Food additives: approved and properly used
28	☒ IN ☐ OUT ☐ N/A	Toxic substances properly identified, stored, used

Conformance with Approved Procedures

#	Status	Item
29	☐ IN ☐ OUT ☒ N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
30	☐ IN ☐ OUT ☒ N/A ☐ N/O	Special Requirements: Fresh Juice Production
31	☐ IN ☐ OUT ☒ N/A ☐ N/O	Special Requirements: Heat Treatment Dispensing Freezers
32	☐ IN ☐ OUT ☒ N/A ☐ N/O	Special Requirements: Custom Processing
33	☐ IN ☐ OUT ☒ N/A ☐ N/O	Special Requirements: Bulk Water Machine Criteria
34	☐ IN ☐ OUT ☒ N/A ☐ N/O	Special Requirements: Acidified White Rice Preparation Criteria
35	☐ IN ☐ OUT ☒ N/A	Critical Control Point Inspection
36	☐ IN ☐ OUT ☒ N/A	Process Review
37	☐ IN ☐ OUT ☒ N/A	Variance

Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

Name of Facility	Type of Inspection	Date
G.A.H.S. ATHLETIC BOOSTERS	sta	10/10/2025

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

38	☒IN ☐OUT ☐N/A ☐N/O	Pasteurized eggs used where required
39	☒IN ☐OUT ☐N/A	Water and ice from approved source

Food Temperature Control

40	☒IN ☐OUT ☐N/A ☐N/O	Proper cooling methods used; adequate equipment for temperature control
41	☐IN ☐OUT ☐N/A ☒N/O	Plant food properly cooked for hot holding
42	☒IN ☐OUT ☐N/A ☐N/O	Approved thawing methods used
43	☒IN ☐OUT ☐N/A	Thermometers provided and accurate

Food Identification

44	☒IN ☐OUT	Food properly labeled; original container

Prevention of Food Contamination

45	☒IN ☐OUT	Insects, rodents, and animals not present/outer openings protected
46	☒IN ☐OUT	Contamination prevented during food preparation, storage & display
47	☒IN ☐OUT ☐N/A	Personal cleanliness
48	☒IN ☐OUT ☐N/A ☐N/O	Wiping cloths: properly used and stored
49	☐IN ☐OUT ☐N/A ☒N/O	Washing fruits and vegetables

Proper Use of Utensils

50	☒IN ☐OUT ☐N/A ☐N/O	In-use utensils: properly stored
51	☒IN ☐OUT ☐N/A	Utensils, equipment and linens: properly stored, dried, handled
52	☒IN ☐OUT ☐N/A	Single-use/single-service articles: properly stored, used
53	☐IN ☐OUT ☒N/A ☐N/O	Slash-resistant, cloth, and latex glove use

Utensils, Equipment and Vending

54	☒IN ☐OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
55	☒IN ☐OUT ☐N/A	Warewashing facilities: installed, maintained, used; test strips
56	☒IN ☐OUT	Nonfood-contact surfaces clean

Physical Facilities

57	☒IN ☐OUT ☐N/A	Hot and cold water available; adequate pressure
58	☒IN ☐OUT ☐N/A ☐N/O	Plumbing installed; proper backflow devices
59	☒IN ☐OUT ☐N/A	Sewage and waste water properly disposed
60	☒IN ☐OUT ☐N/A	Toilet facilities: properly constructed, supplied, cleaned
61	☒IN ☐OUT ☐N/A	Garbage/refuse properly disposed; facilities maintained
62	☒IN ☐OUT ☐N/A ☐N/O	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
63	☒IN ☐OUT	Adequate ventilation and lighting; designated areas used
64	☐IN ☐OUT ☒N/A	Existing Equipment and Facilities

Administrative

65	☐IN ☐OUT ☒N/A	901:3-4 OAC
66	☐IN ☐OUT ☒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
				☐	☐

Person in Charge MRS EDDLEMAN		Date 10/10/2025
Environmental Health Specialist JACOB MORRIS RS/SIT# 4073	**Licensor:** GALLIA COUNTY GENERAL HEALTH DISTRICT	

PRIORITY LEVEL: C= CRITICAL   NC = NON-CRITICAL