

**State of Ohio**  
**Standard Inspection Report**

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility <i>Bar M. DBA Sideliners</i>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number <i>1128</i>	Date <i>1-19-16</i>
Address <i>17 E. main st. Versailles</i>		Category/Descriptive <i>C45</i>	
License holder <i>Karen Mescher</i>	Inspection time (min)	Travel time (min)	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other specify		Follow-up date (if required) <i>1-27-16</i>	Sample date/result (if required)

**3717-1 OAC Violation Checked**

**Management and Personnel**

<input type="checkbox"/> 2.1 Employee health
<input type="checkbox"/> 2.2 Personal cleanliness
<input type="checkbox"/> 2.3 Hygienic practices
<input type="checkbox"/> 2.4 Supervision

<input checked="" type="checkbox"/> 4.4 Maintenance and operation
<input checked="" type="checkbox"/> 4.5 Cleaning of equipment and utensils
<input type="checkbox"/> 4.6 Sanitizing of equipment and utensils
<input type="checkbox"/> 4.7 Laundering
<input type="checkbox"/> 4.8 Protection of clean items

**Poisonous or Toxic Materials**

<input type="checkbox"/> 7.0 Labeling and identification
<input type="checkbox"/> 7.1 Operational supplies and applications
<input type="checkbox"/> 7.2 Storage and display separation

**Food**

<input type="checkbox"/> 3.0 Safe, unadulterated and honestly presented
<input type="checkbox"/> 3.1 Sources, specification and original containers
<input checked="" type="checkbox"/> 3.2 Protection from contamination after receiving
<input type="checkbox"/> 3.3 Destruction of organisms
<input checked="" type="checkbox"/> 3.4 Limitation of growth of organisms
<input type="checkbox"/> 3.5 Identity, presentation, on premises labeling
<input type="checkbox"/> 3.6 Discarding or reconditioning unsafe, adulterated
<input type="checkbox"/> 3.7 Special requirements for highly susceptible populations

**Water, Plumbing, and Waste**

<input type="checkbox"/> 5.0 Water
<input type="checkbox"/> 5.1 Plumbing system
<input type="checkbox"/> 5.2 Mobile water tanks
<input type="checkbox"/> 5.3 Sewage, other liquid waste and rainwater
<input type="checkbox"/> 5.4 Refuse, recyclables, and returnables

**Special Requirements**

<input type="checkbox"/> 8.0 Fresh juice production
<input type="checkbox"/> 8.1 Heat treatment dispensing freezers
<input type="checkbox"/> 8.2 Custom processing
<input type="checkbox"/> 8.3 Bulk water machine criteria
<input type="checkbox"/> 8.4 Acidified white rice preparation criteria
<input type="checkbox"/> 9.0 Facility layout and equipment specifications
<input type="checkbox"/> 20 Existing facilities and equipment

**Equipment, Utensils and Linens**

<input type="checkbox"/> 4.0 Materials for construction and repair
<input type="checkbox"/> 4.1 Design and construction
<input type="checkbox"/> 4.2 Numbers and capacities
<input type="checkbox"/> 4.3 Location and installation

**Physical Facilities**

<input type="checkbox"/> 6.0 Materials for construction and repair
<input type="checkbox"/> 6.1 Design, construction and installation
<input type="checkbox"/> 6.2 Numbers and capacities
<input type="checkbox"/> 6.3 Location and placement
<input checked="" type="checkbox"/> 6.4 Maintenance and operation

**Administrative**

<input type="checkbox"/> 901.3-4 OAC
<input type="checkbox"/> 3701.21 OAC

**Violation(s)/Comment(s)**

*(3.2K) Observed a cup being used as a scoop stored in flour containers. Discussed to label side for hands to touch or use a scoop to limit cross contamination by hands. Area where hand contact is shall be stored out of the product.*

*(3.2Q) Observed chili and fish thawing in separate pans on the floor of the walk-in. Discussed food storage shall be 6" off the floor to protect from contamination of premise*

Inspected by <i>Megan Kaiser</i>	R.S./SIT # <i>143136</i>	Licenser <i>Clarke Co #10</i>
Received by <i>Deanne Johnson</i>	Title	Phone <i>526-9055</i>



State of Ohio  
Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

1-19-16

Facility name Bar M. DBA Side liners	Type of inspection Standard
---	--------------------------------

Violation(s)/Comment(s)

(3.24) Observed a build up of debris on fan in walk-in cooler. Discussed to clean on a more frequent basis to limit build up dust to prevent cross contamination.

(3.4G) Observed no date on turkey and ham in prep table. PIC stated HEMS were just prepared. and put on correct date mark. Discussed all TCS RTE HEMS shall be date marked for 7 days to limit growth.

(3.4H) Observed taco meat dated 1-18. Discussed TCS RTE foods shall be discarded after the 7th day to limit growth. HEMS voluntarily discarded at time of inspection.

(4.45) Observed chicken salad ~~dated~~ containers being re used to store food products. Discussed those containers are a single use article and may not be re-used.

(4.5A) Observed a build up of food residue in 2 door freezer. Discussed to clean on a more frequent basis so non food contact surface is cleaned sight to touch.

Inspected by Megan Kaisee	R.S./SIT # 143136	Licenser Darke To HD
Received by X Shane Johnson	Title	Phone



State of Ohio  
Continuation Report

1-19-16

Authority: Chapters 3717 and 3715 Ohio Revised Code

Facility name Bar M. DBA Sideliners	Type of inspection Standard
--	--------------------------------

Violation(s)/Comment(s)

(6.4D) Observed a build up of grease on hood system. No tag available from cleaning and employees do not recall when hood was last cleaned. Discussed ventilation hood systems shall be cleaned to prevent floods from dripping grease. Fire code states hoods shall be cleaned at least twice a year. Follow up required.

Inspected by Megan Kaiser	R.S./SIT # 14/3130	Licensors Darke CO #10
Received by Diane Johnson	Title	Phone

# Critical Control Point Inspection

Authority: Chapter 3717 Ohio Revised Code

Name of facility <b>Bar M. DBA Sideliners</b>	License number <b>1128</b>	Date <b>7-19-16</b>
Address <b>17 E main st. Versailles</b>	Category/Descriptive <b>C45</b>	
License holder <b>Karen Mescher</b>	Inspection time (min)	Travel time (min)

**Comments:**

3.4G) Observed no date marking on ham & turkey in the prep table. PIC stated items were just prepared late last week. Discussed all TCS RTE foods shall be dated marked for 7 days to limit the growth.

3.4H) Observed taco meat dated 1-18. Discussed all TCS RTE items shall be discarded after the 7<sup>th</sup> day to limit growth. Items voluntarily discarded at time of inspection.

4.5A) Observed a build up of food residue in 2 door freezer. Discussed to clean on a more frequent basis so non-food contact surface is cleaned sight to touch.

**Temperature Log**

Food item	Indicate state food is in (receiving, storage, preparation, cooling, holding, reheating, etc.)	Temperature	Food item	Indicate state food is in (receiving, storage, preparation, cooling, holding, reheating, etc.)	Temperature
Chili	HOT HOLD	178°F			
Sloppy joe	HOT HOLD	182°F			
Cheese sauce	HOT HOLD	189°F			
beef noodles	HOT HOLD	170°F			
green beans	HOT HOLD	190°F			
milk	COLD HOLD	37°F			
Lettuce-shredded	COLD HOLD	38°F			
Inspected by <b>Melgan Kaiser</b>	R.S.# <b>143136</b>	License <b>Darke Co FID</b>			
Received by <b>Deane Johnson</b>	Title	Phone			



State of Ohio  
**Continuation Report**

F-22-16

Authority: Chapters 3717 and 3715 Ohio Revised Code

Facility name Bar M. DBA Sideliners	Type of inspection Follow up
--	---------------------------------

Violation(s)/Comment(s)

17 E main St. Versailles	1128
Karen Mescher	C4S
<p>NOTES: vents were cleaned inside hood. Discussed the entire hood needs cleaned. Per phone call with Karen an agency will be out in next couple of weeks to clean hood. Notify Health Dept. when hood is cleaned. Hood shall be cleaned ASAP.</p> <p>- All previous violations corrected.</p> <p>megan.kaiser@o.h.ohio.gov            937-548-4196 x206.</p>	

Inspected by Megan Kaiser	R.S./SIT # 143136	Licenser Darke Co #10
Received by Lisa Mangen	Title	Phone