

# Food Inspection Report

Authority: Chapters 3717 and 3745 Ohio Revised Code

Name of facility <b>Bar M DBA Sideliners</b>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <b>1128</b>	Date <b>10/18/19</b>
Address <b>17E Main St</b>		City/Zip Code <b>Versailles 45308</b>		
License holder <b>Karen Mescher</b>		Inspection Time <b>185</b>	Travel Time <b>30</b>	Category/Descriptive <b>C45</b>
Type of Inspection (check all that apply) <input type="checkbox"/> Standard <input checked="" 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

Compliance Status		Compliance Status	
<b>Supervision</b>		<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties	23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
2	<input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employee; knowledge, responsibilities and reporting	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Consumer advisory provided for raw or undercooked foods
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion	<b>Highly Susceptible Populations</b>	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered
<b>Good Hygienic Practices</b>		<b>Chemical</b>	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Toxic substances properly identified, stored, used
<b>Preventing Contamination by Hands</b>		<b>Conformance with Approved Procedures</b>	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed	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
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	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
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	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
<b>Approved Source</b>		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food obtained from approved source	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
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Food received at proper temperature	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
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Critical Control Point Inspection
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	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	<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>	
16	<input type="checkbox"/> IN <input checked="" 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		
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
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 type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper reheating procedures for hot holding		
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures		
21	<input checked="" 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 checked="" 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 <b>Bar M DBA Sideliners</b>	Type of Inspection <b>Standard</b>	Date <b>10/18/19</b>
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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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	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	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	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Garbage/refuse properly disposed; facilities maintained
Prevention of Food Contamination		62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Existing Equipment and Facilities
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Administrative	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 3701-21 OAC
Proper Use of Utensils			
50	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		

### 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
22	3.4 F	C	Observed ham and pepperoni in the prep unit holding 50 and 53 °F, respectively. Discussed RTE TCS foods shall be maintained 41°F or below - Items voluntarily discarded.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	4.4 A	NC	Observed refrigerated prep unit down and not working at the time of inspection. Discussed equipment shall be maintained in a state of good repair. Please contact maintenance to service so adequate storage <del>space</del> space for cold hold items is maintained. If new unit is purchased, send specs to HD for prior approval → CONNOR.SUPER@DARKECOUNTYHEALTH.ORG	<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 <b>Karen Mescher</b>	Date: <b>10-28-19</b>
Sanitarian <b>[Signature]</b>	Licensors: <b>DC HD</b>

PRIORITY-LEVEL: C = CRITICAL NC = NON-CRITICAL

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

Name of Facility <b>Bar M DBA Sidelines</b>	Type of Inspection <b>Standard</b>	Date <b>10/18/19</b>
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**Observations and Corrective Actions (continued)**  
 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
16	4.5B	C	Observed ice machine with severe build-up at time of inspection. Ice machine shall be cleaned and sanitized at a frequent enough basis to preclude accumulation. PIC instructed not to use and placed DO NOT USE sign on ice machine until drained and cleaned.	<input type="checkbox"/>	<input type="checkbox"/>
16	4.5B	C	Observed soda gun in bar area needing cleaned. Discussed food equipment contacting non-TCS food/beverages shall be cleaned at a frequent enough basis to prevent build-up. Food employee cleaned at the time of inspection.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	3.2C	C	Observed raw pork in reach in refrigerated prep unit stored directly next to buns & sauces. Eggs were also stored next to RTE ham in prep unit. Discussed proper storage to prevent potential contamination. PIC stated unit being down has limited their storage space. Please address so other cold hold units are not being overburdened w/ excessive storage. RTE foods moved to true 2-door refrigerator w/ other RTE foods	<input checked="" type="checkbox"/>	<input type="checkbox"/>
63	6.4D	NC	Observed hood ventilation system with severe buildup. Discussed cleaning more frequently to prevent buildup. Please address repeat violation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	3.2K	NC	Observed in-use utensils being stored on cloth towels. Discussed utensils shall be stored on smooth, easily cleanable, non-absorbent surfaces cleaned & sanitized at a frequency specified under (A) and (B) of section 4.5 (Storage b/w use on towel not appropriate b/w use storage method in food code).	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <b>Karen Mescher</b>	Date: <b>10-28-19</b>
Sanitarian: <b>[Signature]</b>	Licenser: <b>DHAD</b>

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Item No.	Code Section	Priority Level	Comment	COS	R
<i>54</i>	<i>4.1KK</i>	<i>NC</i>	<i>Observed several crock pots stored in the basement and one on table next to the steam table. Discussed all equipment must be approved by a commercial grade testing agencies. Crock pots must be gone by next standard - repeat violation noted.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>46</i>	<i>3.24</i>	<i>NC</i>	<i>Observed fan blowing in the kitchen will dust/dirt build-up. Discussed increasing cleaning frequency of fan to prevent build-up and potential airborne contamination of exposed food, clean equipment, single-service articles, etc. Please keep fan clean to sight &amp; touch.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>63</i>	<i>6.1J</i>	<i>NC</i>	<i>Observed ventilation systems in both the men's &amp; women's restrooms to have severe dust/particulate build-up. Discussed ventilation shall be cleaned to prevent build-up. Please address - thank you</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>15</i>	<i>3.2C</i>	<i>C</i>	<i>Observed jar of pickles stored in a pan with raw pork that was thawing in walk-in cooler. Discussed RTE contained of pickles shall be stored in a manner to protect against potential contamination from raw product.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/22</i>	<i>3.4 F</i>	<i>C</i>	<i><u>CRITICAL CONTROL POINT INSPECTION</u> <u>Time/Temp Controlled for Safety Food</u> <i>Observed ham &amp; pepperoni holding 50 &amp; 53°F in prep unit, respectively. Discussed RTE TCS cold foods shall be maintained 41°F or below. Items discarded</i></i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/16</i>	<i>4.5B</i>	<i>C</i>	<i><u>ITC - Protection from Contamination</u> <i>Ice machine dirty @ time of inspection. Ice machine shall be cleaned at a frequent enough basis to preclude build-up. Instructed not to use until drained &amp; cleaned. Will check during repeat visit at facility week of Oct. 21<sup>st</sup>, 2019</i></i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Karen Meecher</i>	Date: <i>10-28-19</i>
Sanitarian: <i>[Signature]</i>	Licensor: <i>DCHD</i>

**State of Ohio**  
**Continuation Report**

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Name of Facility <i>Bar M DBA Sideliners</i>	Type of Inspection <i>Standard</i>	Date <i>10/18/19</i>
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**Observations and Corrective Actions (continued)**

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>35/16</i>	<i>4-5B</i>	<i>L</i>	<u><i>CRITICAL CONTROL POINT INSPECTION</i></u> <u><i>VI. Protection from Contamination</i></u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>Observed soda gun in bar area needing cleaning. Equipment contacting non-TCS foods/beverages shall be cleaned per manufacturer's frequency or as often as necessary to prevent build-ups. Corrected on-site by food employee working bar area.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>35/15</i>	<i>3-2C</i>	<i>C</i>	<u><i>ETC. Protection from Contamination</i></u> <i>Improper storage in reach-in refrigeration prep unit. Observed raw pork and eggs stored next to RTE foods - buns and ham. Discussed storage order to protect from potential cross-contamination. Corrected</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>35/15</i>	<i>3-2C</i>	<i>C</i>	<u><i>VII. Protection from Contamination</i></u> <i>Observed pickle container stored in a pan used for thawing raw pork in walk-in cooler. Pickles shall be stored with other RTE foods, and not next to or below raw foods. <del>Corrected!</del></i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>NOTE: Facility Manager called. stated new prep unit and steam table to be purchased for adequate storage capacity. Please send make and model no. to IHD for review to ensure equipment is approved prior to installation</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>New Steam table and table refrigeration unit approved Commercial grade - GIL Interlet</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>See file for make and model</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <i>Karen Messner</i>	Date: <i>10-28-19</i>
Sanitarian: <i>[Signature]</i>	Licensor: <i>OCHD</i>