

**State of Ohio**  
**Food Inspection Report**  
 Authority: Chapters 3717 and 3715 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>1-15-19</b>
Address <b>17 E. main st.</b>	City/Zip Code <b>C45</b>		
License holder <b>Karen Mescher</b>	Inspection Time <b>7:00</b>	Travel Time	Category/Descriptive <b>C45</b>
Type of Inspection (check all that apply) <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Proper date marking and disposition
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Time as a public health control: procedures & records
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	<b>Highly Susceptible Populations</b>	
5	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	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	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	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	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	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	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	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	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	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	<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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>			
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		

# 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>1-15-19</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

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	Water and ice from approved source

### Food Temperature Control

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
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
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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
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### 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	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 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
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 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 type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant and cloth glove use

### Utensils, Equipment and Vending

54	<input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean
63	<input type="checkbox"/> IN <input checked="" 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 checked="" 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
37/23	3.4H	C	Observed the following in the TRUE 2 door unit Outdated: veggie soup 1/14, sloppy joe 1/10, Cole slaw 1/14, and diced tomatoes dated 1/14 in the small prep table. Employee discarded items. Discussed items shall be discarded after the 7th day to limit growth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
63	6.4D	NC	Observed a build up on hood vents. Discussed vents shall be cleaned as often as necessary so they are not a source of contamination. The internal hood shall be cleaned as per Fire Dept. code.	<input type="checkbox"/>	<input type="checkbox"/>
37/15	3.2C	C	Observed cooked chicken being stored under raw eggs. Discussed raw eggs shall be stored below	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person in Charge <b>Deane K. Buback</b>	Date: <b>1-15-19</b>
Sanitarian <b>Megom Heller</b>	Licensor: <b>DGT/10</b>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

**State of Ohio**  
**Continuation 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>1-15-19</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
15	3.2C	C	(continued) ready to eat products. Employee re-arranged products so chicken (cooked) was above raw eggs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	4.4A	NC	Observed dripping/ice build up in Beverage Air Freezer. Discussed the unit shall be repaired so maintained so it meets conditions of manufacturer.	<input type="checkbox"/>	<input type="checkbox"/>
35/3	2.4C	C	No employee health policy available at time of inspection. Discussed employees shall be informed in a verifiable manner of their responsibility to report info. about their health as it relates to illnesses that are transmissible through food contact 737-548-4196 x206 when available	<input type="checkbox"/>	<input type="checkbox"/>
5	2.4C	NC	No written procedures available for vomiting or diarrheal events for employees to follow. Discussed procedures shall address the specific actions employees must to take to minimize the spread of contamination at the exposure of employees, consumers, food, & surfaces to vomitus or fecal matter.	<input type="checkbox"/>	<input type="checkbox"/>
54	4.1K	NC	Observed multiple crack pots in the basement. Discussed crack pots are not approved & that equipment that is acceptable for use shall be approved by a recognized testing agency.	<input type="checkbox"/>	<input type="checkbox"/>
58	5.15	NC	Observed the sink in the basement to be leaking. Discussed plumbing shall be maintained in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
105	901.34	NC	Observed a new ice machine in the basement that did not receive prior approval from the health dept. Discussed the facility shall not alter the facility without prior approval. The ice machine shall not be used until installed properly by a state licensed plumber.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <b>Deane K. Bullock</b>	Date: <b>1-15-19</b>
Sanitarian: <b>Megam Keller</b>	Licenser: <b>DLHD</b>

# State of Ohio Continuation Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <b>Bour M. DBA Sideliners</b>	Type of Inspection <b>Standard</b>	Date <b>1-15-19</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
			(Continued) that is registered in our county	<input type="checkbox"/>	<input type="checkbox"/>
			The line coming off the ice machine	<input type="checkbox"/>	<input type="checkbox"/>
			was stuck in the drain. Line removed.	<input type="checkbox"/>	<input type="checkbox"/>
<b>35</b>			Critical control point	<input type="checkbox"/>	<input type="checkbox"/>
			I. employee health: no employee health policy	<input type="checkbox"/>	<input type="checkbox"/>
			available. Discussed employees shall be informed	<input type="checkbox"/>	<input type="checkbox"/>
			in a verifiable manner of their responsibility to	<input type="checkbox"/>	<input type="checkbox"/>
			report info about their health as it relates	<input type="checkbox"/>	<input type="checkbox"/>
			to illnesses that are transmissible through food.	<input type="checkbox"/>	<input type="checkbox"/>
			VI. time/temperature controlled safety food: Observed	<input type="checkbox"/>	<input type="checkbox"/>
			-the following out dated in the 2 door unit:	<input type="checkbox"/>	<input type="checkbox"/>
			vegare soup 1/14, Joe 1/10, Cole slaw 1/14 &	<input type="checkbox"/>	<input type="checkbox"/>
			diced tomatoes dated 1/14 in small prep unit.	<input type="checkbox"/>	<input type="checkbox"/>
			Items were discarded by employee.	<input type="checkbox"/>	<input type="checkbox"/>
			VII protection from contamination: Observed	<input type="checkbox"/>	<input type="checkbox"/>
			raw eggs stored above cooked chicken.	<input type="checkbox"/>	<input type="checkbox"/>
			Employee rearranged items so cooked	<input type="checkbox"/>	<input type="checkbox"/>
			chicken was above the raw eggs.	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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Person in Charge: <b>Diane K. Bulbek</b>	Date: <b>1-19-19</b>
Sanitarian: <b>Tregan J. Jelleu</b>	Licenser: <b>DCHO</b>