

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

Name of facility <b>McBos</b>	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <b>1108</b>	Date <b>8/13/21</b>
Address <b>498 w main street</b>	City/State/Zip Code <b>Versailles, Oh 45380</b>		
License holder <b>Oroville + Norman Bohman</b>	Inspection Time <b>100</b>	Travel Time <b>30</b>	Category/Descriptive <b>C35</b>
Type of Inspection (check all that apply) <input checked="" 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 <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	23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Person in charge present, demonstrates knowledge, and performs duties		Proper date marking and disposition	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Certified Food Protection Manager		Time as a public health control: procedures & records	
<b>Employee Health</b>		<b>Consumer Advisory</b>	
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Management, food employees and conditional employees; knowledge, responsibilities and reporting		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>	
Proper use of restriction and exclusion		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Procedures for responding to vomiting and diarrheal events		<b>Chemical</b>	
<b>Good Hygienic Practices</b>		27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food additives: approved and properly used	
Proper eating, tasting, drinking, or tobacco use		28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Toxic substances properly identified, stored, used	
No discharge from eyes, nose, and mouth		<b>Conformance with Approved Procedures</b>	
<b>Preventing Contamination by Hands</b>		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
Hands clean and properly washed		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production	
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Heat Treatment Dispensing Freezers	
Adequate handwashing facilities supplied & accessible		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Approved Source</b>		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
Food obtained from approved source		Special Requirements: Bulk Water Machine Criteria	
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Food received at proper temperature		Special Requirements: Acidified White Rice Preparation Criteria	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Food in good condition, safe, and unadulterated		Critical Control Point Inspection	
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Required records available: shellstock tags, parasite destruction		Process Review	
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance	
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 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			
<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		
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 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 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 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 <i>mcbo's</i>	Type of Inspection <i>Standard</i>	Date <i>8/13/21</i>
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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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	54
Pasteurized eggs used where required		<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
Water and ice from approved source		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
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	55
Proper cooling methods used; adequate equipment for temperature control		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Plant food properly cooked for hot holding		Warewashing facilities: installed, maintained, used; test strips
Approved thawing methods used		56
Thermometers provided and accurate		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
Nonfood-contact surfaces clean		Administrative
Food Identification		57
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Food properly labeled; original container		Hot and cold water available; adequate pressure
Prevention of Food Contamination		58
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Insects, rodents, and animals not present/outer openings protected		Plumbing installed; proper backflow devices
Contamination prevented during food preparation, storage & display		59
Personal cleanliness		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Wiping cloths: properly used and stored		Sewage and waste water properly disposed
Washing fruits and vegetables		60
Proper Use of Utensils		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
50	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Toilet facilities: properly constructed, supplied, cleaned
In-use utensils: properly stored		61
Utensils, equipment and linens: properly stored, dried, handled		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Single-use/single-service articles: properly stored, used		Garbage/refuse properly disposed; facilities maintained
Slash-resistant, cloth, and latex glove use		62
		<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
		63
		<input checked="" type="checkbox"/> IN <input 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

### 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
44	3.2D	NC	Observed cups of unknown liquid not labeled. PIC corrected. Discussed with PIC that any food or liquid that comes out of the original container must be labeled + dated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50	3.2K	NC	Observed scoops with handles directly touching the food. Discussed with PIC that scoops can be in the food, just not having the handles directly in contact.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	3.2T	NC	Observed employees preparing + fixing boxes of RTE food for carryout on top of 3 compartment	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Keith Bohman</i>	Date: <i>8-13-21</i>
Sanitarian <i>Wilson Glavin</i>	Licensor:

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL

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

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Name of Facility <b>Mcbo's</b>	Type of Inspection <b>Standard</b>	Date <b>8/13/21</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
410	3.2T	NC	cont.	<input type="checkbox"/>	<input type="checkbox"/>
			Sink. Discussed with PIC to prep food in designated food areas to avoid contamination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54	4.0I	NC	observed glasses in the bar area stored upside down on towels. Please ensure that non-absorbent materials is used to store cups to avoid bacterial growth & further contamination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62	6.1A	NC	observed various ceiling tiles in womens restroom with water damage. Please repair or replace.	<input type="checkbox"/>	<input type="checkbox"/>
410	3.2y	NC	observed fan in kitchen area by handwashing sink directly blowing on food. Please move to a separate area away from food.	<input type="checkbox"/>	<input type="checkbox"/>
			<del>**</del> Note: Please get GFC adapter for electrical outlet near handsink to avoid electrical damage.	<input type="checkbox"/>	<input type="checkbox"/>
			Great Dates	<input type="checkbox"/>	<input type="checkbox"/>
			Friendly staff	<input type="checkbox"/>	<input type="checkbox"/>
			Thank you!!	<input type="checkbox"/>	<input type="checkbox"/>
			Standard	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge: <b>[Signature]</b>	Date:
Sanitarian: <b>allison Blasee</b>	Licensor: <b>DCHD</b>

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL