

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

Name of facility <b>FOE # 2347</b>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <b>1059</b>	Date <b>12/10/25</b>
Address <b>104 E Main ST</b>		City/State/Zip Code <b>Versailles OH 45380</b>		
License holder <b>Fraser and Order of Eagles</b>		Inspection Time <b>45</b>	Travel Time <b>30</b>	Category/Descriptive <b>NC 35</b>
Type of Inspection (check all that apply) <input 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	
Supervision	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Person in charge present, demonstrates knowledge, and performs duties
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager
Employee Health	
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, food employees and conditional employees; knowledge, responsibilities and reporting
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events
Good Hygienic Practices	
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands	
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Hands clean and properly washed
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible
Approved Source	
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated
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
Protection from Contamination	
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected
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
Time/Temperature Controlled for Safety Food (TCS food)	
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time and temperatures
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperatures
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures

Compliance Status	
Time/Temperature Controlled for Safety Food (TCS food)	
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
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
Consumer Advisory	
25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations	
26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
Chemical	
27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used
28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored, used
Conformance with Approved Procedures	
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
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
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
32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing
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
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
35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Critical Control Point Inspection
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Process Review
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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.

**State of Ohio**

# Food Inspection Report

Name of FacilityType of InspectionDate \_\_\_\_\_

## 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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
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 <input type="checkbox"/> N/A	Personal cleanliness
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use

Utensils, Equipment and Vending		
54	<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices
59	<input 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 type="checkbox"/> IN <input 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
Administrative		
65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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

[illegible]

Person in Charge <i>Don Grunke</i>	Date: <i>10 Dec 2025</i>
Environmental Health Specialist <i>Mark [unclear]</i>	Licensors: <i>DCHP</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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