

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIMEIN 50A	TIME OUT
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BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.    OWNER:   PERSON IN CHARGE:							
ADDRESS:	nes Barton I Jason Blank	ceresh	ip Brown Sum Brown				
Dent Dent							
P.H. PRIORITY: A H D M D L							
ESTABLISHMENT TYPE  BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS							
PURPOSE  Pre-opening	☐ Routine ☐ Follow-up ☐ Complaint ☐ C	Other					
FROZEN DESSERT  Approved Disapproved Not Applicable License No.  SEWAGE DISPOSAL  PRIVATE  WATER SUPPLY  COMMUNITY  NON-COMMUNITY  PRIVATE  Results							
Risk factors are food			INTERVENTIONS  ed to the Centers for Disease Control and Prevention as contributing factors in				
foodborne illness outb	eaks. Public health interventions are control measures to p	prevent fo	oodborne illness or injury.				
IN OUT	Demonstration of Knowledge CC Person in charge present, demonstrates knowledge, and performs duties	OS R	Compliance Potentially Hazardous Foods COS  IN OUT N/O N/A Proper cooking, time and temperature	R			
IN OUT	Employee Health		IN OUT N/O N/A Proper reheating procedures for hot holding				
IN OUT	Management awareness; policy present  Froper use of reporting, restriction and exclusion		IN OUT N/O N/A Proper cooling time and temperatures  IN OUT N/O N/A Proper hot holding temperatures				
IN OUT N/O	Good Hygienic Practices  Proper eating, tasting, drinking or tobacco use		IN OUT N/A Proper cold holding temperatures  IN OUT N/O N/A Proper date marking and disposition				
IN OUT N/O	No discharge from eyes, nose and mouth		IN OUT N/O N/A Time as a public health control (procedures / records)				
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed		IN OUT N/A Consumer advisory provided for raw or				
IN OUT N/O	No bare hand contact with ready-to-eat foods or		undercooked food Highly Susceptible Populations				
IN OUT	approved alternate method properly followed  Adequate handwashing facilities supplied & accessible		IN OUT N/O N/A Pasteurized foods used, prohibited foods not				
	Approved Source		offered Chemical				
IN OUT N/O N/A	Food obtained from approved source  Food received at proper temperature		IN OUT N/A Food additives: approved and properly used IN OUT Toxic substances properly identified, stored and				
IN OUT	Food in good condition, safe and unadulterated		used Conformance with Approved Procedures				
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction		IN OUT N/A Compliance with approved Specialized Process and HACCP plan				
IN OUT N/A	Protection from Contamination  Food separated and protected		The letter to the left of each item indicates that item's status at the time of the				
IN OUT N/A	Food-contact surfaces cleaned & sanitized		inspection.  IN = in compliance  OUT = not in compliance				
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food		N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item				
			PRACTICES				
IN OUT	Safe Food and Water COS	R Introd	duction of pathogens, chemicals, and physical objects into foods.  IN OUT Proper Use of Utensils COS F	3			
	urized eggs used where required and ice from approved source		In-use utensils: properly stored  Utensils, equipment and linens: properly stored, dried,				
	Food Temperature Control	- 1	handled				
	uate equipment for temperature control		Single-use/single-service articles: properly stored, used Gloves used properly				
	ved thawing methods used nometers provided and accurate		Utensils, Equipment and Vending Food and nonfood-contact surfaces cleanable, properly	93.9			
	Food Identification		designed, constructed, and used  Warewashing facilities; installed, maintained, used; test	Q V/4			
Food	properly labeled; original container		strips used				
	Prevention of Food Contamination	9	Nonfood-contact surfaces clean  Physical Facilities				
Conta	s, rodents, and animals not present mination prevented during food preparation, storage		Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices				
and display  Personal cleanliness: clean outer clothing, hair restraint,			Sewage and wastewater properly disposed				
	nails and jewelry g cloths: properly used and stored		Toilet facilities: properly constructed, supplied, cleaned	- 1			
	and vegetables washed before use		Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean				
Person in Charge /T	Person in Charge / Title: Date: Date: 10-25-19						
Inspector:							
MO 580-1814 (11-14)	DISTRIBUTION: WHITE - OWNE	R'S COPY	CANARY - FILE COPY	137			



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BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.  ESTABLISHMENT NAME: OWNER: FOR CONTROL OF THE PERSON IN CHARGE!							
16111	JB Malones Bart Grill Jason Blankenship Brown Jam Brown						
ADDRESS: 1727 W. Scenic Rivers Blvd. county: Dent							
CITY/ZIP: 65560 PHONE -6881 FAX: P.H. PRIORITY: MI H MI L							
ESTABLISHMENT TYPE    DELI							
PURPOSE Pre-open	ning	☐ Routine ☐ Follow-up ☐ Complaint ☐ Other					
FROZEN DESSERT  Approved Disapproved Not Applicable License No.  SEWAGE DISPOSAL  PUBLIC  COMMUNITY  NON-COMMUNITY  PRIVATE  Results							
Risk factors a	re food r	RISK FACTORS A preparation practices and employee behaviors most commonly re					
foodborne illne Compliance	ss outbre	eaks. Public health interventions are control measures to prevent	ent fo	oodborne illn	ess or injury	ry.	
IN OUT		Demonstration of Knowledge COS Person in charge present, demonstrates knowledge,	R	7	N/O N/A	Proper cooking, time and temperature	
9		and performs duties  Employee Health		IN-OUT	N/O N/A	Proper reheating procedures for hot holding	
IN OUT		Management awareness; policy present		IN OUT	N/O N/A	Proper cooling time and temperatures	
119 001		Proper use of reporting, restriction and exclusion  Good Hygienic Practices	(	IN OUT	N/O N/A	Proper hot holding temperatures Proper cold holding temperatures	
IN OUT N/O		Proper eating, tasting, drinking or tobacco use	(	IN OUT	N/O N/A	Proper date marking and disposition	
114 001 14/0		No discharge from eyes, nose and mouth		IN OUT	N/O N/A	Time as a public health control (procedures / records)	
IN OUT N/O		Preventing Contamination by Hands Hands clean and properly washed	1	IN OUT	N/A	Consumer Advisory Consumer advisory provided for raw or	
IN OUT N/O			1	111/001	IN/A	undercooked food	
20		No bare hand contact with ready-to-eat foods or approved alternate method properly followed			-	Highly Susceptible Populations	
JN OUT		Adequate handwashing facilities supplied & accessible		IN OUT	N/O N/A	Pasteurized foods used, prohibited foods not offered	
IN OUT		Approved Source Food obtained from approved source		IN OUT		Chemical	
IN OUT N/O		Food obtained from approved source  Food received at proper temperature	(	IN OUT	N/A	Food additives: approved and properly used Toxic substances properly identified, stored and	
IN OUT	-7	Food in good condition, safe and unadulterated				used Conformance with Approved Procedures	
IN OUT N/O	N/A	Required records available: shellstock tags, parasite destruction		IN OUT	N/A	Compliance with approved Specialized Process and HACCP plan	
		Protection from Contamination		The letter	to the left of		
	N/A	Food separated and protected		inspection		of each item indicates that item's status at the time of the	
IN OUT NO	N/A	Food-contact surfaces cleaned & sanitized			n compliand of applicable		
IN OUT (N/O	/	Proper disposition of returned, previously served, reconditioned, and unsafe food			orrected On		
		GOOD RETA			A SECTION		
IN OUT		Good Retail Practices are preventative measures to control the in Safe Food and Water COS R	itrod	uction of pat	thogens, che	nemicals, and physical objects into foods.  Proper Use of Utensils COS R	
		urized eggs used where required			In-use ut	utensils: properly stored	
	water	and ice from approved source		V	Utensils, handled	s, equipment and linens: properly stored, dried,	
		Food Temperature Control		V	Single-us	use/single-service articles: properly stored, used	
		ate equipment for temperature control ved thawing methods used			Gloves u	used properly	
1		omaters provided and accurate		. /	Food and	Utensils, Equipment and Vending and nonfood-contact surfaces cleanable, properly	
		Food Identification	-	1	designed	d, constructed, and used ashing facilities: installed, maintained, used; test	
	Food n			4	strips use	sed	
	roou p	properly labeled; original container  Prevention of Food Contamination			Nonfood-	d-contact surfaces clean  Physical Facilities	
		s, rodents, and animals not present		V		cold water available; adequate pressure	
V	and dis			V	Plumbing	g installed; proper backflow devices	
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			V	Sewage	and wastewater properly disposed		
Wiping cloths: properly used and stored  Toilet facilities: properly constructed, supplied, cleaned							
Fruits and vegetables washed before use  Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean				e/refuse properly disposed; facilities maintained  I facilities installed, maintained, and clean			
Person in Cha	arge /Tit	tle Man			,, siour	Date: / / - 2 / - 19	
Inspector:		Telephone No.	2	1735	EPHS No		
MO 580-1814 (11-14)	1	DISTRIBUTION: WHITE - OWNER'S C	OPY	1132	CANARY - FIL	Follow-up Date: 10-25-19 LE COPY E6.3	



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ESTABLISHMENT NAME  JOHN JONES PART SVILL	ADDRESS 1727 W. Scen	ic Rivers Plud	CITY	ZIP 6551	10
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/	LOCATION	TEMP	00
prepared salad walkin	36° han	nb	onanil	201	0
Choked Chicken Chunks Have	28° Chia	censtrips	hot hold	200	10
fish plated	aas chic	ken byond	overtable mage		0
hamb. Ofen drawer	1110	rae juice d	rink cooler	200	
Code Reference Priority items contribute directly to the el	PRIORITY ITE	MS U	The property of the second	Correct by	Initial
or injury. These items MUST RECEIVE H-60111A Observed Slight	debris on in 8	ours or as stated.	a Chine	(date)	Ala
2-30011 Observed emolares		na ami la am		10-05-17	400
not wearing gloses	(waitress) with	run polisn prej	oping a salaa	0-35-19	GB.
3-501.14 Observed Cook Du	tting mush poor	nsinlinglin	Cooler with	000	10
a temperature of	79° Juent over			us.	1
+601,11A Dhs: Lower refrige	vated space of	the make tab	le is spiled 1	0-2519.	or
with old food and	debris.	THE MURE TUD	E 13 aDITED 1	00011	0.9
9-305, 11(A) Obs! black of so	lid ice in the to	p of small frid	22 21 . 12//	5 35 10	200
(two) thick and m	elting and drip		ge about 2" 1 setc because	0-25-19	OR
of door being of	oen and closed	. )			
Code Reference Core items relate to general sanitation, o standard operating procedures (SSOPs).	CORE ITEMS perational controls, facilities or struc These items are to be corrected	ctures equipment design garage	al maintenance or sanitation	Correct by (date)	Initial
6-201.11 Waterproof Seal a	nd finish is ca	ming off the	concrete 1	Vext	DB
absorbent floor	ng in all area		he uncleanable	rea	
	DW 3 (three fe		kspaco are	Mapachian	
3-205 11 Obs 1 boyes of 00					
	11.04	0 . d = 1		4	20
on floor landow 5	rk and beans	and canned	tomatoes (	COS /	33
202 12 Obell and ar 5	tauness Steel s	and canned shelving.	tomotoes (	CO5 /	33
-302.12 Obs. unlabeled con	tauness Steel s	and canned shelving, book identific		COS C	3B
202 12 Obell and ar 5	tauness Steel s	Shelving,		COS L	3B
-302.12 Obs unlabeled con Hakes.	tauness Steel s	Shelving,		COS (	B
-302.12 Obs. unlabeled con Halces.	Hainer that a	Shelving,	ed as parsley	COS (	B OK
-302.12 Obs wiping cloth for Sanitizer.	Hainer that a	shelving, book identificated and test	ed as parsley	COS /	3B OKC
-302.12 Obs wiping cloth for Sanitizer.	ntainer that a	shelving, ook identificated and didn't test	ed as parsley	COS / COS / Dasig./	OB ONE
-302.12 Obs wiping cloth for Sanitizer.	ntainer that and in water the	shelving, book identificated and identifications in the didn't test that houses characters with the state of	ed as parsley	COS / COS / Dasig / Dasig /	B OK-
-302.12 Obs unlabeled con Hakes. -304.14 Obs wiping cloth For Sanitizer.	ntainer that a s in water that ant of cooler that as a layer of a	shelving, book identificated and identifications in the didn't test that houses characters with the state of	ed as parsley	COS / COS / D-2519./	B OVC- Hor
-302.12 Obs wiping cloth for Sanitizer.	ntainer that a s in water that ant of cooler that as a layer of a	shelving, book identificated and identifications in the didn't test that houses characters with the state of	positive	COS / COS / D-2519 / D-2519 /	B OKC-
-302.12 Obs: unlabeled con Hakes304.14 Obs: wiping cloth for Sanitizer501.124 Obs: vent on from the hakes.	ntainer that a s in water that ant of cooler that as a layer of a	shelving, book identificated and identifications in the didn't test that houses characters with the state of	ed as parsley		



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ESTABLISHMENT NAME S BOY 4 GN 11 FOOD PRODUCT/LOCATION	ADDRESS 1707 W. TEMP.	5cenic Rivers Blvd FOOD PRODUCT/ LOC	Salem	655 TEM	60 P.
Code Reference Priority items contribute directly to the eli or injury. These items MUST RECEIVE	mination prevention or re	DRITY ITEMS eduction to an acceptable level, hazards associ ithin 72 hours or as stated.	ated with foodborne illness	Correct by (date)	Initial
Code Reference Core items relate to general sanitation, op standard operating procedures (SSOPs).  ADI, II Water proof Seal are in the kitchen. The toping in all are to 2 (two) by	erational controls, facilitie These items are to be o	reas of uncleanab	s stated. Sn Crete floor le absorbent	(date)	Initial
Person in Charge /Title:  Inspector:  10 580-1814 (11-14)  DI		SIDIO NOSO IIIOS	Date: Follow-up: Follow-up Date:	Yes D	No E6.37A