

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

TIME IN	DOA	TIME OUTSA
BACE		- Application

Masters Touch Catenna	ADDRESS 599 CR 6303	CITY GOLDON	ZIP FFF
FOOD PRODUCT/LOCATION	TEMP. F	FOOD PRODUCT/ LOCATION	TEMP.
ambient air Vetrigerator	24		
Code Reference Priority items contribute directly to the elin	PRIORITY ITEMS mination, prevention or reduction to an accept	table level hazards appealated with the dis	Correct by Initial
or injury. These items MUST RECEIVE II	mination, prevention or reduction to an accept MMEDIATE ACTION within 72 hours or as	stated.	orne illness (date)
	as introduction of	TOUX TOUND S	10 gordo ruga
Code Reference Core tems relate to general sanitation, operating procedures (SSOPs).	CORE ITEMS erational controls, facilities or structures, equi These items are to be corrected by the nex	pment design, general maintenance or sa kt regular inspection or as stated.	Correct by Initial (date)
NO MENMOMERY IN	verng, or oven		dad donte
No themometer for	cooks use (sterr	thermometer 0-22	0°) 2-2000 July
No trash can tor	hand 8ink		1200000
Parity of tale	11611		
meanus or water	test. (Duo today))	12-82-80 AS
Need to have Cu	ling joyces Cover	red.	7 20 20 Alg
Dishdraujers nee	ded.		10-000000
Demonstrate sanit	77er		9-22-22-2-6
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Missouri Department of Health and Senior Service Bureau of Environmental Health Services Food Establishment Pre-Opening Checklist

Date: 12-19-2022 X New Establishment Cha		
116 4 31	ange of Owner	
Establishment/Vendor Name: Masters Touch Caterina L	LC_	
Phone: 5 3341-7838 Fav. City: LUCAT State: 11	Zip:1055100	
Days of Operation: VINES E-mail: Hours of Operation: VI	(4)	
Tious of Operation: γω	nes	
Number of employees (both full-time and part-time): Total amount of square footage	an for the building	
Please check one or more have 4 1 1 1	ae ioi frie ndiidilidi:	
Please check one or more boxes to indicate the type of service you will offer:		
Buffet Table Counter Drive-thru Delivery		7
Brive-und Delivery / Catering	Carry out Samples	
The pre-opening inspection checklist is used by this agency as a tool to assist in determine Establishment's eligibility to operate. The food establishment at ill.		- .
Establishment's eligibility to operate. The food establishment still must comply with all the Missouri Food Code. In the event there is a conflict or a discrepancy between the food of the conflict or a discrepancy between the food of the conflict or a discrepancy between the food of the conflict or a discrepancy between the food of the conflict or a discrepancy between th	ing a Food	
Missouri Food Code. In the event there is a conflict or a discrepancy between the Food Code inspection checklist, the Food Establishment must comply with the Food Code.	requirements of the	1
inspection checklist, the Food Establishment must comply with the Food Code.	ode and the pre-opening	
1. Water Source/Capacity	Yes No N/A	1
A. Community	110 1117	†
B. Non-Community & Private (community		1
B. Non-Community & Private (sample results satisfactory) C. Adequate supply (hot & cold under pressure)		
D. Approved backflow/back siphonage devices in place		
2. Sewage Disposal		
A. Public		
B. Private		
C. Grease trap/interceptor		1
D. Adequate restroom available		
3. Premises		
A. Graded to drain and maintained		
B. Outdoor cooking properly profested		
4. Floors	1 K I L I L	
A. Grease resistant, easily cleanable and in good repair		
B. Coved floor-wall juncture		
5. Walls/Ceilings	_ [X]	
A. Constructed of smooth and easily cleanable, nonabsorbent materials		- Not finished
B. No beams or no piping is exposed in food preparation and storage areas 6. Hand sinks		בשטיפויוון זעאן –
		•
A. Hand sinks provided in the following areas: Food preparation area(s)		
- Dishwashing area(s)		
- Busing, wait station, service area(s)		
- Bar area(s)		
B. Hot water (>100°F), drying device, waste basket and signage		
. Three companying sink		
A. Three compartment sink with drain stoppers		
b. Hot and cold running water supplied to all compartments		
C. Adequate drain boards provided or drying racks	N I	
D. Indirectly plumbed		•
8. Dishwasher		•
A. Dishwashing machine provides a final hot water sanitizing rinse to code		
D. Digitating Higginia Sanitizes with a chemical configurate and and		en elsani.
or reparation of the Lovingia indirect all implied	│ 	villyou Sanitizer
10. Service Sink (Mop Sink) provides hot and cold running water		SAVIK WWW
	·	bleach before use
	N	acon enco



Missouri Department of Health and Senior Service Bureau of Environmental Health Services Food Establishment Pre-Opening Checklist

11. Tost Strips for Chemical Sanitizer
A. Test strips provided Type of sanitizer: Chlorine B. Buckets/spray bottles for wiping cloths provided Type of sanitizer: Chlorine Quat 12. Refrigeration/Freezer Units A. Capable of cold holding to 41°F B. Sufficient capacity 13. Hot holding Units A. Capable of hot holding to 135°F B. Sufficient capacity 14. Temperature Measuring Devices A. Located in hot and cold holding units B. Available for food monitoring (0° - 220°F) 15. Storage Areas A. Shelves easily cleanable and properly constructed B. Shelving provided to store items 6 inches above floor 16. Have major renovations occurred? What type (plumbing, electrical, new equipment, etc)? 17. Equipment A. Good condition B. Properly spaced for easy cleaning 18. Food Contact & Non-Food Contact Surfaces A. Good condition, smooth and easily cleanable B. Washed and sanitized D. Totto Materials A. Storage location away from food and food related items B. Proper labeling D. Ventilation A. Hood system adequate B. Hood system clean 21. Pest Control A. Establishment free from rodents and insects B. Outer openings properly protected C. Professional pest control provided 22. Lighting A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas B. Light fixtures properly shielded in food prep and storage areas C. Quited trash receptacle provided with that ### ### ### ### ################
B. Buckets/spray bottles for wiping cloths provided Type of sanitizer: Chlorine B. Buckets/spray bottles for wiping cloths provided Type of sanitizer: Chlorine Quat 12. Refrigeration/Freezer Units A. Capable of cold holding to 41°F B. Sufficient capacity 13. Hot Holding Units A. Capable of hot holding to 135°F B. Sufficient capacity 14. Temperature Measuring Devices A. Located in hot and cold holding units B. Available for food monitoring (0° - 220°F) 15. Storage Areas A. Shelves easily cleanable and properly constructed B. Shelving provided to store items 6 inches above floor 16. Have major renovations occurred? What type (plumbing, electrical, new equipment, etc)? 17. Equipment A. Good condition B. Properly spaced for easy cleaning 18. Food Contact & Non-Food Contact Surfaces A. Good condition, smooth and easily cleanable B. Washed and sanitized 19. Toxic Materials A. Storage location away from food and food related items B. Proper labeling 20. Ventilation A. Hood system clean 21. Pest Control A. Establishment free from rodents and insects B. Outer openings properly protected C. Professional pest control provided 22. Lighting A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas B. Light fixtures properly shielded in food prep and storage areas B. Light fixtures properly shielded in food prep and storage areas
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C. Professional pest control provided 22. Lighting A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas B. Light fixtures properly shielded in food prep and storage areas A. Outside trash receptable provided with tight fitting lighting.
C. Professional pest control provided 22. Lighting A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas B. Light fixtures properly shielded in food prep and storage areas 23. Refuse A. Outside trash receptacle, provided with tight fitting lighting lighting.
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A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas B. Light fixtures properly shielded in food prep and storage areas 23. Refuse A. Outside trash receptacle, provided with tight filling lide.
B. Light fixtures properly shielded in food prep and storage areas 23. Refuse A. Outside trash receptable provided with tight fitting list.
B. Light fixtures properly shielded in food prep and storage areas 23. Refuse A. Outside trash receptable provided with tight fitting list.
A. Outside trash receptacle, provided with tight fifting till
A. Outside trash receptacle, provided with tight fitting till
D. Institute in good reposit I will tight fitting lid. maintained in good reposit
b. Inside trash recentacle(s) capacity maintained in good repair
B. Inside trash receptacle(s), capacity, maintained in good repair 24. Demonstration of Knowledge
A. Person-In-Charge has a certificate in Food Handling
D. F Clauffell-Unarrie is able to demonstrate to the state of the stat
HACCP, food safety, proper food handling, etc
25. Consumer Advisory
A. Disclosure
B. Reminder
26. Special Process
-vpvvimi i 100033
A. HACCP plan in place
A. HACCP plan in place 3. Recordkeeping in place

not replace the inspection report to document pre-opening inspection. This checklist is meant only to serve as a reminder for the inspector; it does

Laboratory Results Report

573-751-3334

Collection Location home		er and Phone atti, marsha	Client Reference	Accession # 783994
599 CO RD 6303 SALEM, MO 65560	Collecte 2023-		Received 2023-01-06 06:47	Project
				Sample Description SINK
로 GEN	NATTI, MARSHA			Sample Type Drinking Water
595 (O RD 6303 M, MO 65560			Sample Source
				Sample Note(s)

ADDITIONAL SAMPLE INFORMATION

Bottle Number: 86404

County: DENT

GPS Latitude: Not Provided GPS Longitude: Not Provided Owner: Not Provided

Owner Telephone Number: Not Provided Supply Type: Private Well - Single Home Location Type: Not Provided

Location Establishment Number: Not Provided

Construction Type: Not Provided Sewage Disposal: Not Provided

Resample After Treatment: Not Provided No Charge Justification: Not Provided

RESULTS OF ANALYSIS - FINAL REPORT

Total Collform and E.coli Bacteria, 9223B-PA

Total Coliform Bacteria

E.coll

RESULT

Absent, Bacterially Safe

Absent

SAMPLE AND ANALYSIS NOTES

1. Interpretation: If the total coliform result is "Present, Bacterially Unsafe" and/or the E. coli result is "Present", the sample is considered UNSATISFACTORY for drinking water purposes and you should consider disinfecting your well. Well disinfection instructions can be found at the Bureau of Environmental Epidemiology's website at 'health.mo.gov/privatedrinking-water'. For further assistance, please call 573-751-6102.

If the total coliform result is "Absent, Bacterially Safe" and/or and E. coli tests are reported "Absent", the sample is considered SATISFACTORY for drinking water purposes.

Results interpretations are based on U.S. Environmental Protection Agency standards and Missouri Department of Health and Senior Services guidelines for bacteria in drinking water.

Method: SM 9223B Enzyme Substrate (Idexx Colliert 24-Hour PA - 100 ml sample) for Total Coliform and E. coli bacteria, Standard Methods for the Examination of Water and Wastewater, American Public Health Association, 21st ed., 2005.

ANALYSIS INFORMATION

1. Total Coliform and E.coli Bacteria, 9223B-PA

ANALYZED 2023-01-06 08:27 JH

BELEASED 2023-01-09 09:07 SB

ANALYSIS PREP

ANALYSIS NOTE(S)

SITE(S) PERFORMING TESTING

MSPHL, 101 N CHESTNUT STREET, PO BOX 570, JEFFERSON CITY, MO 65102; Phone 573/751-3334; Michael Massman, Laboratory Director

SIBSODE SPIII.	Missouri Depart and Senior Serv State Public Hea	ices
illection Loca	tion	Collector an

Laboratory Results Report

573-751-3334

election Location Ichen	Collector and Phone geninatti, marsha	Client Reference	Accession # 775481	
99 CO RD 6303 ALEM, MO 65560	Collected 2022-12-13 12:30	Received 2022-12-14 07:11	Project	
			Sample Description SINK	
GENINATTI, MARSHA		Sample Type Drinking Water		
599 CO RD 6303		Sample Source		
SALEM, MO 65560			Sample Note(s)	

DITIONAL SAMPLE INFORMATION

Bottle Number, 86545 County: DENT

GPS Latitude: Not Provided GPS Longitude: Not Provided Owner: Not Provided

Owner Telephone Number: Not Provided Supply Type: Private Well - Single Home Location Type: Restaurant

Location Establishment Number: Not Provided

Construction Type: Drilled Well Sewage Disposal: On-Site Resample After Treatment: No No Charge Justification: Not Provided ANALYSIS NOTE(S) TOPOLO

SULTS OF ANALYSIS - FINAL REPORT

il Coliform and E.coli Bacteria, 9223B-PA Total Coliform Bacteria E.coli

RESULT

Present, Bacterially Unsafe Absent

IPLE AND ANALYSIS NOTES

Interpretation: If the total coliform result is "Present, Bacterially Unsafe" and/or the E. coli result is "Present", the sample is considered UNSATISFACTORY for drinking water purposes and you should consider disinfecting your well. Well disinfection instructions can be found at the Bureau of Environmental Epidemiology's website at 'health.mo.gov/privatedrinking-water'. For further assistance, please call 573-751-6102.

If the total coliform result is "Absent, Bacterially Safe" and/or and E. coli tests are reported "Absent", the sample is considered SATISFACTORY for drinking water purposes.

Results interpretations are based on U.S. Environmental Protection Agency standards and Missouri Department of Health and Senior Services guidelines for bacteria in drinking water.

Method: SM 9223B Enzyme Substrate (Idexx Colilert 24-Hour PA - 100 ml sample) for Total Coliform and E. coli bacteria, Standard Methods for the Examination of Water and Wastewater, American Public Health Association, 21st ed., 2005.

ALYSIS INFORMATION

Total Coliform and E.coll Bacteria, 9223B-PA

ANALYZED 2022-12-14 08:46 JH

RELEASED 2022-12-15 10:33 CE

ANALYSIS PREP

TE(S) PERFORMING TESTING

MSPHL, 101 N CHESTNUT STREET, PO BOX 570, JEFFERSON CITY, MO 65102; Phone 573/751-3334; Michael Massman, Laboratory Director

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