



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

TIME IN: 11:15A TIME OUT: 1:00P
PAGE 1 of 2

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: McDonalds OWNER: Aaron Weinbaum PERSON IN CHARGE: Michelle Koontz
ADDRESS: 901 S. Main COUNTY: Dent
CITY/ZIP: Salem 65560 PHONE: 789-6178 FAX: _____ P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP. FOOD

PURPOSE
 Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT Approved Disapproved Not Applicable License No. 065-13418
SEWAGE DISPOSAL PUBLIC PRIVATE
WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE
Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance		Demonstration of Knowledge		COS	R	Compliance		Potentially Hazardous Foods		COS	R
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A		
		Employee Health				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Management awareness; policy present				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A		
		Good Hygienic Practices				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A		
		Preventing Contamination by Hands				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Consumer Advisory			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A		
		Approved Source						Highly Susceptible Populations			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		Food obtained from approved source			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	Food received at proper temperature			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			
		Protection from Contamination						Chemical			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	Food separated and protected					Conformance with Approved Procedures			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	Food-contact surfaces cleaned & sanitized					Compliance with approved Specialized Process and HACCP plan			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food								

The letter to the left of each item indicates that item's status at the time of the inspection.
IN = in compliance OUT = not in compliance
N/A = not applicable N/O = not observed
COS = Corrected On Site R = Repeat Item

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water		COS	R	IN	OUT	Proper Use of Utensils		COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled			
		Food Temperature Control				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used						Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		Food Identification				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean			
		Prevention of Food Contamination						Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained			
						<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean			

Person in Charge / Title: m koontz Date: 2-7-19
Inspector: Donna Jones EPHS II Telephone No. 789-3106 x235 EPHS No. 1160
Follow-up: Yes No
Follow-up Date: 2-15-19



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

TIME IN: 11:15A TIME OUT: 1:00p
PAGE 2 of 2

ESTABLISHMENT NAME McDonalds		ADDRESS 901 S. Main		CITY Salem		ZIP 65560	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.		
hamb patty hot hold		159°	Shell eggs shell egg fridge		33°		
bulk milk drive thru fridge		31°	chicken tenders chicken tender fridge		38°		
Ice Cream ice cream machine		31°	cheese slices prep fridge		38°		
fresh beef fresh beef fridge		33°	Apple slices front fridge		37°		
salad prep fridge		40°	Orange juice OJ fridge		40°		

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
4-601.11A	Observed inside of Qing oven with debris.	COS	mtk

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
4-601.11C	Observed stuck on debris around toppings nozzle.	COS	mtk
4-901.11 6-501.12A	Observed debris on shelves and under shelving in bun storage area.	2-15-19	
4-901.11 6-501.12A	Observed debris inside of maintenance closet and POP closet doors on floor.	2-15-19	
4-903.11	Observed boxes of Happy Meal boxes sitting on floor.	COS	
6-501.12A	Observed debris on floor under tea cart.	2-15-19	
4-901.11	Observed dishes put away wet.	2-7-19	
4-601.11C	Observed debris on outside of clean dishes next to tea cart.	COS.	

EDUCATION PROVIDED OR COMMENTS

Visited with manager about crew room refrigerator needing a sign to mark that it is for employee food only.

Person in Charge / Title: *[Signature]* Date: **2-7-19**

Inspector: *[Signature]* Telephone No. **789-3106x235** EPHS No. **1168** Follow-up: Yes No
Follow-up Date: **2-15-19**



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

TIME IN: 8:55A TIME OUT: 8:53A
PAGE 1 of 1

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 ADDRESS: 901 S. Main COUNTY: Dent
 CITY/ZIP: Sulem 65560 PHONE: 729-6178 FAX: _____ P.H. PRIORITY: H M L
 ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP. FOOD
 PURPOSE
 Pre-opening Routine Follow-up Complaint Other
 FROZEN DESSERT Approved Disapproved Not Applicable License No. 065-13418 4-30-19 SEWAGE DISPOSAL PUBLIC PRIVATE WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE
 Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	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		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/A	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		
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)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				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						
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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		Food Temperature Control					Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled; original container					Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					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		

Person in Charge / Title: M Koantz Date: 2-15-19
 Inspector: Emma Jones EPHS II Telephone No. 729-3106 x235 EPHS No. 1168
 Follow-up: Yes No
 Follow-up Date: _____