



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

TIME IN: 10:00A TIME OUT: 11:15A  
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: Salem Bowling Alley		OWNER: Megan McPherson	PERSON IN CHARGE: Megan McPherson	
ADDRESS: 201 B. Hwy 32 East			COUNTY: Dent	
CITY/ZIP: Salem 65568		PHONE: 737-4201	FAX: _____	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS <b>Bowling Alley</b>				
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other				
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> 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		
<b>Employee Health</b>				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		
<b>Good Hygienic Practices</b>				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)		
<b>Preventing Contamination by Hands</b>				IN OUT N/A	<b>Consumer Advisory</b>		
IN OUT N/O	Hands clean and properly washed			IN OUT	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			<b>Highly Susceptible Populations</b>			
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
<b>Approved Source</b>				IN OUT N/A	<b>Chemical</b>		
IN OUT	Food obtained from approved source			IN OUT	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			<b>Conformance with Approved Procedures</b>			
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		
<b>Protection from Contamination</b>				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			
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						

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
✓		Pasteurized eggs used where required			✓		In-use utensils: properly stored		
✓		Water and ice from approved source				✓	Utensils, equipment and linens: properly stored, dried, handled		✓
<b>Food Temperature Control</b>					✓		Single-use/single-service articles: properly stored, used		
✓		Adequate equipment for temperature control			✓		Gloves used properly		
✓		Approved thawing methods used				✓	<b>Utensils, Equipment and Vending</b>		
✓		Thermometers provided and accurate				✓	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>					✓		Warewashing facilities: installed, maintained, used; test strips used		
✓		Food properly labeled; original container			✓		Nonfood-contact surfaces clean		✓
<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>				
✓		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: <i>Megan McPherson Managing Partner</i>			Date: 6-26-2020	
Inspector: <i>Adriana Jones EPHS II</i>	Telephone No. 737-3106106	EPHS No. 1163	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			Follow-up Date: 7-10-2020	



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TIME IN 10:00A TIME OUT 11:15A  
PAGE 2 of 2

ESTABLISHMENT NAME <i>Salem Bowling Center</i>		ADDRESS <i>201 B. Hwy 32 East</i>		CITY <i>Salem</i>	ZIP <i>65560</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>marinara sauce Amane</i>		<i>38°</i>			
<i>g ravioli Kenmore</i>		<i>38°</i>			
<i>Strawberry Pepsi cooler</i>		<i>36°</i>			
<i>True cooler</i>		<i>50-55°</i>			

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
<i>7-201.11</i>	<i>Obs: oven cleaner stored with food pan liners etc.</i>	<i>COS</i>	<i>mm</i>

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
<i>3-304.12</i>	<i>Obs: utensils stored on towel.</i>	<i>COS</i>	<i>mm</i>
<i>6-501.18</i>	<i>Obs: hand sink dirty</i>	<i>COS</i>	<i> </i>
<i>4602.11C</i>	<i>Observed crumbs on shelving under pizza oven</i>	<i>COS</i>	<i> </i>
<i>4602.12B</i>	<i>Obs: inside of microwave dirty</i>	<i>COS</i>	<i> </i>
<i>9-101.19</i>	<i>Obs: shelving under counter torn + chipped</i>	<i>contact paper 7-10-20</i>	<i>mm</i>

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Managing Partner</i>		Date: <i>6-26-2020</i>	
Inspector: <i>Melinda Jones EPHS II</i>	Telephone No. <i>727-3106x106</i>	EPHS No. <i>1168</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: <i>7-10-2020</i>



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ADDRESS: <u>2012 Hwy 32 East</u>		COUNTY: <u>Dent</u>	
CITY/ZIP: <u>Salem 65560</u>	PHONE: <u>734-4201</u>	FAX: _____	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS <u>Bowling Alley</u>			
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							Physical facilities installed, maintained, and clean		

Person in Charge / Title: Megan McPherson Manager Date: 7-10-2020  
 Inspector: [Signature] Telephone No. 734-3106x106 EPHS No. 1163  
 Follow-up:  Yes  No  
 Follow-up Date: \_\_\_\_\_