



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

1:30p 2:12p
TIME IN 10:54A TIME OUT 11:45A
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: Subway OWNER: Roger Killeen PERSON IN CHARGE: Terra Chilton
 ADDRESS: 1134 JS, Main St, COUNTY: Dent
 CITY/ZIP: Salem 65560 PHONE: 729-7827 FAX: 729-7827 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. _____
 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/A	Proper cooking, time and temperature		
		Employee Health				IN	OUT	N/A	Proper reheating procedures for hot holding		
IN	OUT	Management awareness; policy present				IN	OUT	N/A	Proper cooling time and temperatures		
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	N/A	Proper hot holding temperatures		
		Good Hygienic Practices				IN	OUT	N/A	Proper cold holding temperatures		
IN	OUT	Proper eating, tasting, drinking or tobacco use				IN	OUT	N/A	Proper date marking and disposition		
IN	OUT	No discharge from eyes, nose and mouth				IN	OUT	N/A	Time as a public health control (procedures / records)		
		Preventing Contamination by Hands				IN	OUT	N/A	Consumer Advisory		
IN	OUT	Hands clean and properly washed				IN	OUT	N/A	Consumer advisory provided for raw or undercooked food		
IN	OUT	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/A	Pasteurized foods used, prohibited foods not offered		
		Approved Source				IN	OUT	N/A	Chemical		
IN	OUT	Food obtained from approved source				IN	OUT	N/A	Food additives: approved and properly used		
IN	OUT	Food received at proper temperature				IN	OUT	N/A	Toxic substances properly identified, stored and used		
IN	OUT	Food in good condition, safe and unadulterated						Conformance with Approved Procedures			
IN	OUT	Required records available: shellstock tags, parasite destruction				IN	OUT	N/A	Compliance with approved Specialized Process and HACCP plan		
		Protection from Contamination									
IN	OUT	Food separated and protected									
IN	OUT	Food-contact surfaces cleaned & sanitized									
IN	OUT	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
 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
✓		Pasteurized eggs used where required				✓		In-use utensils: properly stored			
✓		Water and ice from approved source				✓		Utensils, equipment and linens: properly stored, dried, handled			
		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: Terra Chilton Manager Date: 4-1-19
 Inspector: Carla Jones EPHS II Telephone No. 729-3106 x235 EPHS No. 1168
 Follow-up: Yes No
 Follow-up Date: _____



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ESTABLISHMENT NAME Subway		ADDRESS 1134 S. Main Street		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
meatballs hot hold w/ugline		150°	sm. milk juv Coca Cola cooler		37°
broccoli ched soup " " " "		157°	muselmans applesauce Coca Cola cooler		40°
roast beef cold hold w/ugline		40°	sliced onions Walkin cooler		36°
grated cheddar " " " "		38°	chicken " " "		24°
sliced tomatoes		39°	steak " " "		30°

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
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2-301.12	Observed employees not washing hands properly: soap before water, touching water handle after washing hands.	4-1-19	xc
3-501.18	Observed cut green peppers with discard date of 3-30-19	COS	xc
7-204.11	Observed sanitizer in 3 vat sink and red bucket with sanitizer that was too strong.	COS	xc
4-202.11	Observed cracked lid on container at 3 vat sink.	COS	xc

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
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2-302.11	Observed manager with painted nails - All tasks were done wearing gloves.	4-1-19	xc
4-602.12(B)	Observed baked on debris on inside of microwave.	COS	xc
4-901.11	Observed dishes put away wet.	4-1-19	xc
5-205.11(B)	Observed worker thrown used scoop into hand sink. Hand sink for handwashing ONLY.	4-1-19	xc
4-903.11	Observed 3 drawer container housing condiments not 6" off floor next to desk.	COS	xc

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: **Terri Chilton Manager** Date: **4-1-19**

Inspector: **Carina Jones EPHS II** Telephone No. **709-3106x235** EPHS No. **1168** Follow-up: Yes No

Follow-up Date:



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ESTABLISHMENT NAME: <i>Subway</i>	OWNER: <i>Koger Killeen</i>	PERSON IN CHARGE: <i>Kayla Fann</i>
ADDRESS: <i>1134 S. main St.</i>	CITY/ZIP: <i>Salem 65560</i>	PHONE: <i>724-7827</i>
	FAX: <i>724-7827</i>	COUNTY: <i>Dent</i>
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> MOBILE VENDORS		P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" 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 _____

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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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		Fruits and vegetables washed before use				✓	Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Kayla Fann</i>	Date: <i>4-23-18</i>
Inspector: <i>Emma Jones EPHS II</i>	Telephone No.: <i>724-3106 x235</i>
EPHS No.: <i>1168</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:

