



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

TIME IN: 1:31p TIME OUT: 3:05p
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: Sarah LaPointe	
ADDRESS: 1134 S. Main St.				COUNTY: Dent	
CITY/ZIP: Salem 65560		PHONE: 729-7827		FAX: 729-7827	
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 checked="" type="checkbox"/> RESTAURANT		<input type="checkbox"/> SCHOOL		<input type="checkbox"/> SENIOR CENTER	
<input type="checkbox"/> DELI		<input type="checkbox"/> TEMP. FOOD		<input type="checkbox"/> GROCERY STORE	
<input type="checkbox"/> INSTITUTION		<input type="checkbox"/> MOBILE VENDORS		<input type="checkbox"/> TAVERN	
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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		<input checked="" type="checkbox"/> PUBLIC		<input checked="" type="checkbox"/> COMMUNITY	
License No. _____		<input type="checkbox"/> PRIVATE		<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		
		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			IN	OUT N/A	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			The letter to the left of each item indicates that item's status at the time of the inspection.				
IN	OUT N/A	Food separated and protected			IN = in compliance		OUT = not in compliance		
IN	OUT N/A	Food-contact surfaces cleaned & sanitized			N/A = not applicable		N/O = not observed		
IN	OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			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: <i>manager</i>			Date: <i>3-10-2023</i>		
Inspector: <i>Anna Jones EPIS II</i>		Telephone No. <i>729-3166x106</i>		EPHS No. <i>1168</i>	
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date: <i>3-13-23</i>	



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ESTABLISHMENT NAME		ADDRESS		CITY	ZIP	
Subway		11345. Main Street		Salem	65560	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.	
Chicken walk in cooler		34°	meatballs hot hold		154°	
Card. bacon " " "		35°	sliced tomatoes cold hold		38°	
choc milk " " "		33°	ham " "		36°	
Ambient air undercounter fridge		39°	bottled drinks glass front fridge		38°-40°	
Soups hot hold		163°				
Code Reference	PRIORITY ITEMS				Correct by (date)	Initial
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.						
6-203.14	Obs: hose laying in mop sink - hot to back flow device.				3-08-23	TL
4-601.11A	Obs: shelves in walk in cooler with debris.				3-13-23	TL
2-301.12	Obs: employees touching water faucet after washing hands to turn it off. Went over proper handwashing.				3-10-23	TL
Code Reference	CORE ITEMS				Correct by (date)	Initial
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.						
6-202.15	Obs: back door not tight fitting.				3-31-23	TL
6-501.12A	Obs: debris under storage shelves in back storage area				3-13-23	
4-601.11C	Obs: ice and debris on floor of walk in freezer.				3-13-23	
6-205.15B	Obs: dripping plumbing in walk in freezer.				3-31-23	
4-601.11C	Obs: debris on shelf of back prep table.				3-13-23	
4-204.112	Obs: no thermometer in walk in cooler.				3-13-23	
4-901.11	Obs: dishes put away wet.				3-10-23	
4-903.11	Obs: takeout boxes, lids etc under water lines of hand sink.				3-13-23	TL

EDUCATION PROVIDED OR COMMENTS

Hose bib vacuum breaker needed more mop sink

Person in Charge/Title: Manager			Date: 3-10-2023
Inspector: EPHS II	Telephone No. 101-3106x106	EPHS No. 1168	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: 3-13-23

