

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

2:07	P	2:20	P
TIMEIN	1	TIME OUT	
10110	T,	1001	
PAGE)	of	7	

WITH ANY TI	IME LIMITS	CTION THIS DAY, THE ITEMS NO ECTION, OR SUCH SHORTER PI S FOR CORRECTIONS SPECIFI	ERIOD OF TIME AS N ED IN THIS NOTICE	MAY BE	F SPF	CIFIE	D IN WE	RITING BY	THE REGULATO OUR FOOD OPE	ORY AUTHORITY. FAILURE TO ERATIONS.	CTED B	BY THE
ESTABLIS	ESTABLISHMENT NAME: OWNER: GENESTING, PERSON IN CHARGE: Dave Sepanete							W.				
ADDRESS: JOOL SCROIC RIVEYS BIVE. COUNTY: DECT												
CITY/ZIP:	I WII	65560	5°13°127	-60	08	FA.	X:			P.H. PRIORITY :	М 🗆	L
BAKEF RESTA	RY	☐ C. STORE ☐ CATERION SCHOOL ☐ SENIOR	ER DE	ELI MP. FO	OOD		GROC	CERY STOF		STITUTION BILE VENDORS		
☐ Pre-op		☐ Routine ☐ Follow-up	12-12-12-12-12-12-12-12-12-12-12-12-12-1	□ Ot	ther							
FROZEN I Approved License No.	Disappr	T proved ☐ Not Applicable	SEWAGE DISPO			×	COMM	SUPPLY MUNITY		COMMUNITY Deliver Results		
Risk factors	are food	preparation practices and employ	RISK FAC						Control or	till tips for		
foodborne illa	ness outbr	preparation practices and employereaks. Public health intervention	is are control measure	es to pr	revent	t foodbo	orne illn	ness or injury	y.			
IN OUT		Demonstration of K Person in charge present, demo	nowledge onstrates knowledge,	COS	S	1	Ompliand	N/O N/A		entially Hazardous Foods ng, time and temperature	CO	S R
IN OUT		Employee He Management awareness; policy	alth					N/O N/A		ating procedures for hot holding		
IN OUT		Proper use of reporting, restrict	ion and exclusion			(LIN	KOUT	N/O N/A	Proper hot hol	g time and temperatures		
IN OUT N/	-	Good Hygienic P Proper eating, tasting, drinking	or tobacco use		(OUT	N/A N/O N/A	Proper cold ho Proper date m	olding temperatures narking and disposition		
IN OUT N/O) .	No discharge from eyes, nose a	and mouth		(N/O N/A	Time as a pub records)	olic health control (procedures /		
IN OUT N/O	0	Preventing Contaminate Hands clean and properly wash				IN	OUT	N/A		Consumer Advisory visory provided for raw or		and their
IN OUT N/C	5	No bare hand contact with read	y-to-eat foods or						undercooked f			
IN OUT		approved alternate method prop Adequate handwashing facilities	perly followed	print)		IN	OUT	N/O N/A		pods used, prohibited foods not		
<u>(1)</u>		accessible Approved Sou							offered	Chemical		
IN OUT N/C	N/A	Food obtained from approved so Food received at proper temperate	ource				OUT	N/A	Food additives	s: approved and properly used ces properly identified, stored and	0.00	
IN OUT		Food in good condition, safe and				1	,00		used		1	
IN OUT N/C	N/A	Required records available: shell destruction	llstock tags, parasite			IN	OUT	N/A		nce with Approved Procedures ith approved Specialized Process lan	5	
IN OUT	N/A	Protection from Cont Food separated and protected	amination			The	e letter t	to the left of	each item indic	ates that item's status at the time	of the	
IN OUT	N/A	Food-contact surfaces cleaned &				insp	pection. IN = in	n compliance	е	OUT = not in compliance		
IN OUT N/C		Proper disposition of returned, preconditioned, and unsafe food	reviously served,					ot applicable orrected On	ė_	N/O = not observed R = Repeat Item		
			GO	OOD RE	TAIL	PRAC	TICES					
IN OUT		Good Retail Practices are prevent Safe Food and Water	ative measures to cor	cos	e intro	duction	n of path	hogens, che	emicals, and phy	ysical objects into foods. Use of Utensils	cos	R
	Pasteu	urized eggs used where required and ice from approved source				V			ensils: properly s	stored	003	K
	VValor					1		handled		linens: properly stored, dried,		
	Adequa	Food Temperature Contrate equipment for temperature cor	ol ntrol			1			se/single-service sed properly	e articles: properly stored, used		
TNA	Approv	ved thawing methods used ometers provided and accurate			-	-			Utensils, Equi	ipment and Vending		
	Themic		1			1		designed	l, constructed, ar			
	Food p	Food Identification				V		strips use	ed	nstalled, maintained, used; test		
		roperly labeled; original container Prevention of Food Contamir	nation				V	Nonfood-	contact surfaces	s clean cal Facilities		
	Insects.	s, rodents, and animals not presen nination prevented during food pre	nt			V		Hot and c	cold water availa	able; adequate pressure		
	and disp	splay al cleanliness: clean outer clothing			* 1	V				er backflow devices		
	fingerna	ails and jewelry cloths: properly used and stored), hall festialit,			/		-		properly disposed		
1	Fruits a	and vegetables washed before use	÷			1	1	Garbage/	refuse properly	constructed, supplied, cleaned disposed; facilities maintained		
Person in Ch	narge /Tit	le: Dies	8 8,6	11	-			Physical f	facilities installed Date:	d, maintained, and clean	2	
Inspector:	na)	MON FRHS IF	Telepho	one No	9%	VIC	1/2	EPHS No.				0
MO 580-1814 (11-14	1)	1100 011-0	DISTRIBUTION: WHITE	OWNER	CORV	hor	0	11100) Follow-	-up Date:		7 1



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

PAGE 2 of 1

ESTABLISHME		ADDRESS	. 0.	CITY	ZIP,	
Dur	ierkina	1001 50	enic Rivers Blvd.	Salem	655	10
Fe	OOD PRODUCT/LOCATION	TEMP.				יסטי
1.4-1-4			FOOD PRODUC	T/ LOCATION	TEM	P.
WIDE II	omatoes walkingooler	370	Iced cottee	coffee fridge	40)
nam	11 11 11	380	Ambient Air Sm		1 49	0
AMEN. CI	heese slices charecooler	350	Onion rinas	hat your	166	00
Elicad L	10-10-1	250	1 - 1 1 1 -	not runa	127	0
Silean	omatoes bottom cherecoole	V 00	Trench hares	not hold	151	
ICE Crea	m- ice cream maghin	200				
Code		PR	RIORITY ITEMS		Correct by	Initial
Reference	Priority items contribute directly to the elin	nination, prevention or	reduction to an acceptable level, hazard	is associated with foodborne illness	(date)	milital
7.20/11	or injury. These Reins WOOT RECEIVE II	WINNEDIATE ACTION	within 72 hours or as stated.			
7-201,11	Obs: Staples for Sta	apler avoi		of the cheese	COS.	DS
	cooler. Manager	disposed o	of them.			3
		7				1-31
4-601 114	A Obs ful station	freezer	and ment free	33. halle 1 x16	E 77 77	1
- COLLINE	Divid 9 of F	A A CONTRACTOR OF THE PARTY OF		Er DOTT WITH	D-00 00	100
	Mundap of Tre	stimade	1			
4101116		N. 1	1	- 1		50
TOULINA	1065: Oven mitts d	lirty. Voll	untan lythrown i	Rutiu bu manager.	COS	1
		0)	000		75.5
+601.11/A	10bs: Containers in	side Coll	ee Friday A. I I	25-1-1 1 1-1-1-1	100	16
- WIIIII	John Milming Il	i dive cull	ee tridge dirty to	Sight + touch	WS	1-)/
				0		T. V. E.S.
					Provide that	
	The second secon					
					State State	
				The state of the s		
					a dignos par	CONTRACTOR OF THE PARTY
					The second second	
Code		C	ORE ITEMS		Correct by	Initial
Code Reference	Core items relate to general sanitation, ope	erational controls facil	ORE ITEMS lities or structures, equipment design, ge	neral maintenance or sanitation		Initial
	Core items relate to general sanitation, operating procedures (SSOPs).	erational controls, facil These items are to be	lities or structures equipment design as	neral maintenance or sanitation tion or as stated.	Correct by (date)	Initial
	Core items relate to general sanitation, operating procedures (SSOPs). Obs. Main hand Sink	erational controls, facil These items are to be	lities or structures, equipment design, ge e corrected by the next regular inspec	neral maintenance or sanitation tion or as stated.		Initial
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIMEINDA	TIMEOUT
PAGE 3 of L	

ESTABLISHMENT NAME BUTGET BING	ADDRESS 1001 5	ocenic Rivers Blva	d CITY Salem	ZIP 055	5(4)
GOOD PRODUCT/LOCATION	TEMP.	FOOD PRODU	JCT/ LOCATION	TEM	400
Code					
Reference Priority items contribute directly to the eli or injury. These items MUST RECEIVE	mination prevention or	ORITY ITEMS reduction to an acceptable level, haza vithin 72 hours or as stated.	rds associated with foodborne illnes	S Correct by (date)	Initial
					e Hay
Code	CC	DRE ITEMS			1
Reference Core items relate to general sanitation, opstandard operating procedures (SSOPs).	erational controls, facilit These items are to be	ties or structures, equipment design, go corrected by the next regular inspe	eneral maintenance or sanitation ction or as stated.	Correct by (date)	Initial
4-04, 110 Ups: no oven th	emomete	rin oven.		5-22-23	(V)
4601.11C Obs: lid of jaleper	ros Cake	d with grease,		COS	7.7
Halill Obs: inside of from	ren Coke	machine de	bris Including	cos	5
			J		
4601.110 Obs. debns out	side of m	rost equipment	throughout!	5-22-23	07
4601.114 Ops: straw and	Condinan	+	1 - (1-		~
window dirty to	Sight an	t containers a d touch.	t anve thru	2003))
4 EDILIC Obs: Front cour	ter dirtz	u to sight Itou	ch.	(05)	5
0501,12(A) Dbs: Undowthe 1	ive shell	es under the or	25h 102 - 10 -	52222	
Floor is dirty		3,000	corregister	5-22-23	1)
J	EDUCATION P	ROVIDED OR COMMENTS			
Person in Charge /Title:	0/	1	Date: -		
Inspector: A STATE TRANSPORTER	Telephon	e No. EPHS No.	Date: 5-19	1-20} ∃	No
MO 580-1814 (11-14)	STRIBUTION: WHITE - OWNER	10h X 10h 1168	Follow-up Date:	100 🗓	140



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

TIME IN DA	TIME OUT
PAGE 4 of	+

ESTABLISHMENT NAME	ADDRESS 1001 SQ	nic Rivers Blud	CITY Salem	ZIP 6551	60
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT	LOCATION	TEMI	P.
Code	PRI				
Reference Priority items contribute directly to the elir or injury. These items MUST RECEIVE I	mination provention or r	ORITY ITEMS reduction to an acceptable level, hazards ithin 72 hours or as stated.	associated with foodborne illness	Correct by (date)	Initial
	1 1			-	
	-				
			•		
Code					
Reference Core items relate to general sanitation, op- standard operating procedures (SSOPs).	erational controls, faciliti These items are to be	RE ITEMS es or structures, equipment design, gene corrected by the next regular inspection	ral maintenance or sanitation on or as stated.	Correct by (date)	Initial
	binots und	der drink Stati	on in lobby. E	22-23	DA
1-60.110 Obs: counter too	at diank	Station in John	with dobis	12223	1
201440	J. 194 W.W.		DUTTI TO ROOM	rddd	
0-801.19 Ups: no handuas	Shing Sigr	rage in women	s restroom. 5	-22-23	D
	2 0	O .			
	EDUCATION PR	ROVIDED OR COMMENTS			
	(//	1/1/1/			
Person in Charge /Title:	*		Date:		
		/ / / / /	Date.	-	
Inspector:	Telephone	e No. EPH\$ No.	Follow-up:	2023 Yes 🗆	No