



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

TIME IN 1050	TIME OUT 1430
DATE 04/24/2024	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: JB Malones Bar & Grill	OWNER: Jarred Brown DBA Twisted Road LLC	PERSON IN CHARGE: Karen Brown
ADDRESS: 1721 West Scenic Rivers Blvd.	ESTABLISHMENT NUMBER:	COUNTY: Dent
CITY/ZIP: Salem 65560	PHONE: 573-729-6881	FAX: karen@jbmalones.com/jar
P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L		
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input 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		
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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled 04/25/2024 Results Pending
License No. _____		

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	CO	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Employee Health			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper hot holding temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Good Hygienic Practices			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper eating, tasting, drinking or tobacco use			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper date marking and disposition		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Preventing Contamination by Hands			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Hands clean and properly washed				Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Approved Source			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Chemical		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food obtained from approved source			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Protection from Contamination						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	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		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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		
<input type="checkbox"/>	<input type="checkbox"/>	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		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Prevention of Food Contamination					Physical Facilities		
<input type="checkbox"/>	<input checked="" 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"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Karen Brown</i>	Karen Brown	Date: 4/26/2024
Inspector: <i>Jon Peacock</i>	Jon Peacock EPHS # 729-3106	Telephone No. 880/1889
	EPHS No. 880/1889	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: 4-29-2024



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 FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME JB Malones Bar & Grill		ADDRESS 1721 West Scenic Rivers Blvd.	CITY/ZIP Salem 65560	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Walkin cooler Chicken Wings top tray		169	sandwich station cooked onions	40
Walkin cooler Chicken Wings Bottom Tray		69	sandwich station coked mushrooms	40
Walkin cooler Tomatoes		41	sandwich station Shredded Cheese	41
Walkin cooler cooked onions		103	Prepline Baked potatoes	69
sandwich station sliced Tomatoes		39	Prepline Baked Sweet potatoes	69

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
6-501.111	Rodent droppings observed on shelving and floor, in bar corner cabinet, braff beer line cabinet and in con-ex.	4/29/2024	TJA
5-203.11A	4 vat sink at bar no handwashing sink provided.	4/29/2024	TJA
3-301.11B	Bar staff observed obtaining drink garnishments with barehands.	4/29/2024	TJA
2-401.11A	Uncovered drinking cups at waitress station.	COS	
3-302.11A	Shell Eggs stored above salad dressing and shredded cheese.	4/29/2024	TJA
3-501.17A	Salad and sliced tomatoes labeled with prep date in walkin cooler, bagged chicken wings not dated in freezer.	4/29/2024	TJA
4-601.11A	Microwave on shelf by walkin cooler with small amount of dried food debris. Vegetable slicer on shelf had dried food debris present.	4/29/2024	TJA
5-203.14	Bun Tea and coffee machine no backflow preventer device installed. - ORDERED	4/29/2024	TJA
4-101.11A	Non stick coating coming off skillet ok cook line. - ORDERED	4/29/2024	TJA
3-501.16A1	2 baked potatoes and 4 sweet potatoes in pan by prep table found at 68 degrees Fahrenheit.	COS	

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
5-501.15A	Dumpster missing 2 lids	5/26/2024	
5-501.114	Dumpster missing drain plug	5/26/2024	
6-202.14	Mens Restroom Door Propped open	COS	
6-301.14	Mens Restroom Handwashing signage absent.	5/26/2024	
6-501.114A	Unnessary items and clutter observed in conex and mop closet.	5/26/2024	
6-304.11	Exhaust Fan in womens restroom not working properly	5/26/2024	
6-202.15	Fortm Entry door daylight was observed, door will be tightfitting to prevent rodent and insect entry and in draft beer cabinet bucket in hole cut into floor. Daylight was observed around Gas line in mop closet.	5/26/2024	
3-305.11A	Water accumulating in bottom of beer box (food not in the water durring inspection.	5/26/2024	
6-501.12A	Debris on the floor beneath the bun coffee machine at nurses station and in the walkin freezer	5/26/2024	
4-501.11B	Bungee cord holding oven door closed.	5/26/2024	

EDUCATION PROVIDED OR COMMENTS
 I conducted a joint annual inspection with Mr. Jon Peacock, MO DHSS, but Mr. Peacock was not present when the exit interview was completed and the inspection report was issued. 5-403.11B Educated the owner about controlling vegetation on the lagoon burm and the fence

Person in Charge /Title: <i>Karen Brown</i>	Karen Brown	Date: 4/26/2024
Inspector: <i>Jon Peacock</i>	Jon Peacock EPHS # 721-3106	Telephone No. 880/1889
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 4-29-2024