



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

TIME IN: 10:10A TIME OUT:  
PAGE 1 of 1

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: Maps On Wheels OWNER: Lissa Labastida PERSON IN CHARGE: Lissa Labastida  
 ADDRESS: 10 Park Place Drive COUNTY: Dent  
 CITY/ZIP: Salem 65560 PHONE: 513-718-8162 FAX:  
 P.H. PRIORITY:  H  M  L  
 ESTABLISHMENT TYPE:  
 BAKERY  RESTAURANT  C. STORE  SCHOOL  CATERER  SENIOR CENTER  DELI  TEMP. FOOD  GROCERY STORE  INSTITUTION  TAVERN  MOBILE VENDORS  
 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					IN	OUT	N/O	N/A		
		Person in charge present, demonstrates knowledge, and performs duties									
		Employee Health									
		Management awareness; policy present									
		Proper use of reporting, restriction and exclusion									
		Good Hygienic Practices									
		Proper eating, tasting, drinking or tobacco use									
		No discharge from eyes, nose and mouth									
		Preventing Contamination by Hands									
		Hands clean and properly washed									
		No bare hand contact with ready-to-eat foods or approved alternate method properly followed									
		Adequate handwashing facilities supplied & accessible									
		Approved Source									
		Food obtained from approved source									
		Food received at proper temperature									
		Food in good condition, safe and unadulterated									
		Required records available: shellstock tags, parasite destruction									
		Protection from Contamination									
		Food separated and protected									
		Food-contact surfaces cleaned & sanitized									
		Proper disposition of returned, previously served, reconditioned, and unsafe food									
<p>The letter to the left of each item indicates that item's status at the time of the inspection.</p> <p>IN = in compliance      OUT = not in compliance          N/A = not applicable      N/O = not observed          COS = Corrected On Site      R = Repeat Item</p>											

**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	Proper Use of Utensils		COS	R
IN	OUT			IN	OUT			IN	OUT		
		Pasteurized eggs used where required									
		Water and ice from approved source									
		Food Temperature Control									
		Adequate equipment for temperature control									
		Approved thawing methods used									
		Thermometers provided and accurate									
		Food Identification									
		Food properly labeled; original container									
		Prevention of Food Contamination									
		Insects, rodents, and animals not present									
		Contamination prevented during food preparation, storage and display									
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry									
		Wiping cloths: properly used and stored									
		Fruits and vegetables washed before use									
		Utensils, Equipment and Vending									
		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used									
		Warewashing facilities: installed, maintained, used; test strips used									
		Physical Facilities									
		Hot and cold water available; adequate pressure									
		Plumbing installed; proper backflow devices									
		Sewage and wastewater properly disposed									
		Toilet facilities: properly constructed, supplied, cleaned									
		Garbage/refuse properly disposed; facilities maintained									
		Physical facilities installed, maintained, and clean									

Person in Charge / Title: \_\_\_\_\_ Date: 10-14-2021  
 Inspector: Anna Jones EPHS II Telephone No. 314-210-1108 EPHS No. 11168  
 Follow-up:  Yes  No  
 Follow-up Date: \_\_\_\_\_



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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**FOOD ESTABLISHMENT INSPECTION REPORT**

TIME IN 1:05p	TIME OUT 1:25p.
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ESTABLISHMENT NAME Biggs On Wheels	ADDRESS 10 Park Place Drive	CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.

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

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
	Obs no trashcan for hand sink	10/8	
	Obs no dish drainer		
	Obs no test strips		
	Obs no bucket for sanitizer water		
	Obs no oven thermometer		
	Obs no cooks thermometer 0°-220°		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:	Date: 10-8-2021
Inspector: Donna Jones EPHS II	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Telephone No: 724-3106	Follow-up Date: 10 AM
EPHS No: 1168	Thurs. Oct. 14th

Missouri Department of Health and Senior Service  
 Bureau of Environmental Health Services  
 Food Establishment Pre-Opening Checklist

Date: 10-8-2021

New Establishment

Change of Owner

Establishment/Vendor Information

Establishment/Vendor Name: Biggs On Wheels  
 Address: 10 Park Place Drive City: Salem State: MO Zip: 65560  
 Phone: 573-718-8162 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Number of employees (both full-time and part-time): \_\_\_\_\_ Total amount of square footage for the building: \_\_\_\_\_

**SERVICE TYPE**

Please check one or more boxes to indicate the type of service you will offer:

<input type="checkbox"/> Buffet	<input type="checkbox"/> Table	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Drive-thru	<input type="checkbox"/> Delivery	<input type="checkbox"/> Catering	<input type="checkbox"/> Carry out	<input type="checkbox"/> Samples
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The pre-opening inspection checklist is used by this agency as a tool to assist in determining a Food Establishment's eligibility to operate. The food establishment still must comply with all the requirements of the Missouri Food Code. In the event there is a conflict or a discrepancy between the Food Code and the pre-opening inspection checklist, the Food Establishment must comply with the Food Code.

Item	Yes	No	N/A
<b>1. Water Source/Capacity</b>			
A. Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Non-Community & Private (sample results satisfactory)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Adequate supply (hot & cold under pressure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Approved backflow/back siphonage devices in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Sewage Disposal</b>			
A. Public - <u>will dump into 5 gal bucket + dump @ restaurant</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Grease trap/interceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Adequate restroom available	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3. Premises</b>			
A. Graded to drain and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Outdoor cooking properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4. Floors</b>			
A. Grease resistant, easily cleanable and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Coved floor-wall juncture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Walls/Ceilings</b>			
A. Constructed of smooth and easily cleanable, nonabsorbent materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No beams or no piping is exposed in food preparation and storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Hand sinks</b>			
A. Hand sinks provided in the following areas:			
- Food preparation area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dishwashing area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Busing, wait station, service area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Bar area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Hot water (>100°F), drying device, waste basket and signage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Three Compartment Sink</b>			
A. Three compartment sink, with drain stoppers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hot and cold running water supplied to all compartments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adequate drain boards provided or drying racks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Indirectly plumbed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8. Dishwasher</b>			
A. Dishwashing machine provides a final hot water sanitizing rinse to code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Dishwashing machine sanitizes with a chemical sanitizer to code, alarm present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9. Food Preparation Sink Provided, indirect plumbing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10. Service Sink (Mop Sink) provides hot and cold running water</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

will power wash -



Missouri Department of Health and Senior Service  
 Bureau of Environmental Health Services  
 Food Establishment Pre-Opening Checklist

Item	Yes	No	N/A
<b>11. Test Strips for Chemical Sanitizer</b>			
A. Test strips provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine			Iodine
Quat			
B. Buckets/spray bottles for wiping cloths provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine			Iodine
Quat			
<b>12. Refrigeration/Freezer Units</b>			
A. Capable of cold holding to 41°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sufficient capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Hot Holding Units</b>			
A. Capable of hot holding to 135°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sufficient capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Temperature Measuring Devices</b>			
A. Located in hot and cold holding units	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Available for food monitoring (0° - 220°F)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15. Storage Areas</b>			
A. Shelves easily cleanable and properly constructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Shelving provided to store items 6 inches above floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Have major renovations occurred? What type (plumbing, electrical, new equipment, etc)?</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Equipment</b>			
A. Good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Properly spaced for easy cleaning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Food Contact &amp; Non-Food Contact Surfaces</b>			
A. Good condition, smooth and easily cleanable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Washed and sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. Toxic Materials</b>			
A. Storage location away from food and food related items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proper labeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>20. Ventilation</b>			
A. Hood system adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hood system clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>21. Pest Control</b>			
A. Establishment free from rodents and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outer openings properly protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Professional pest control provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Integrity Pest Control		
<b>22. Lighting</b>			
A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Light fixtures properly shielded in food prep and storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23. Refuse</b>			
A. Outside trash receptacle, provided with tight fitting lid, maintained in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Inside trash receptacle(s), capacity, maintained in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24. Demonstration of Knowledge</b>			
A. Person-In-Charge has a certificate in Food Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Person-In-Charge is able to demonstrate knowledge of foodborne diseases, HACCP, food safety, proper food handling, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25. Consumer Advisory</b>			
A. Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26. Special Process</b>			
A. HACCP plan in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Recordkeeping in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

oven thermometer

\*Complete inspection report to document pre-opening inspection. This checklist is meant only to serve as a reminder for the inspector; it does not replace the inspection report or knowledge of the rule.