



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

TIME IN: 9:58A TIME OUT: 10:10A
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: Vintage Apron OWNER: Lori Plank/Shala Shepherd PERSON IN CHARGE: Lori Plank
 ADDRESS: 7801 E. Scenic Rivers Blvd. COUNTY: Dent
 CITY/ZIP: Salem 65560 PHONE: 513-368-6768 FAX: _____ P.H. PRIORITY: H M L
 ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION
 RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD 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	Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	N/O	N/A		
		Employee Health				IN	OUT	N/O	N/A		
IN	OUT	Management awareness; policy present				IN	OUT	N/O	N/A		
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	N/O	N/A		
		Good Hygienic Practices				IN	OUT	N/A			
IN	OUT	N/O	Proper eating, tasting, drinking or tobacco use			IN	OUT	N/O	N/A		
IN	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT	N/O	N/A		
		Preventing Contamination by Hands				IN	OUT	N/A			
IN	OUT	N/O	Hands clean and properly washed			IN	OUT	N/A			
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		
		Approved Source						Chemical			
IN	OUT		Food obtained from approved source			IN	OUT	N/A			
IN	OUT	N/O	N/A			IN	OUT				
IN	OUT		Food received at proper temperature			IN	OUT				
IN	OUT		Food in good condition, safe and unadulterated					Conformance with Approved Procedures			
IN	OUT	N/O	N/A			IN	OUT	N/A			
IN	OUT	N/O	N/A			IN	OUT	N/A			
		Protection from Contamination						Compliance with approved Specialized Process and HACCP plan			
IN	OUT	N/A	Food separated and protected					The letter to the left of each item indicates that item's status at the time of the inspection.			
IN	OUT	N/A	Food-contact surfaces cleaned & sanitized					IN = in compliance			
IN	OUT	N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food					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
		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: _____ Date: 3-14-2008
 Inspector: Edma Jones EPHS II Telephone No. 781-3106 X106 EPHS No. 1168
 Follow-up: Yes No
 Follow-up Date: _____

Catering Business is ok to open

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

Date: 3-3-2022 New Establishment Change of Owner

Establishment/Vendor Information
 Establishment/Vendor Name: Vintage Apron
 Address: 1911 Hwy 11 City: Salem State: MO Zip: 65560
 Phone: 573-368-1162 Fax: _____ E-mail: _____
 Days of Operation: random Hours of Operation: _____

home

*using Methodist
church
kitchen
for
now*

Number of employees (both full-time and part-time): 2 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 type="checkbox"/> Drive-thru	<input type="checkbox"/> Delivery	<input checked="" 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
1. Water Source/Capacity			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sewage Disposal			
A. Public	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Premises			
A. Graded to drain and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outdoor cooking properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Floors			
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"/>
5. Walls/Ceilings			
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"/>
6. Hand sinks			
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"/>
7. Three Compartment Sink			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Indirectly plumbed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dishwasher			
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"/>
9. Food Preparation Sink Provided, indirect plumbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Service Sink (Mop Sink) provides hot and cold running water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Not using
this now -*

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

Item	Yes	No	N/A
11. Test Strips for Chemical Sanitizer			
A. Test strips provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine Quat		Iodine	
B. Buckets/spray bottles for wiping cloths provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine Quat		Iodine	
12. Refrigeration/Freezer Units			
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"/>
13. Hot Holding Units			
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"/>
14. Temperature Measuring Devices			
A. Located in hot and cold holding units	<input 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"/>
15. Storage Areas			
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"/>
16. Have major renovations occurred? What type (plumbing, electrical, new equipment, etc)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Equipment			
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"/>
18. Food Contact & Non-Food Contact Surfaces			
A. Good condition, smooth and easily cleanable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Washed and sanitized	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Toxic Materials			
A. Storage location away from food and food related items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proper labeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Ventilation			
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"/>
21. Pest Control			
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"/>
22. Lighting			
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"/>
23. Refuse			
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"/>
24. Demonstration of Knowledge			
A. Person-In-Charge has a certificate in Food Handling	<input checked="" type="checkbox"/>	<input checked="" 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"/>
25. Consumer Advisory			
A. Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Special Process			
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"/>

Bug Busters every 3 months

*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.