MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 570, JEFFERSON CITY, MO 65102-0570, (573) 751-6095

# SANITATION OBSERVATION

PAGE 1 OF 2

| | | | |
|---|---|---|---|
| ESTABLISHMENT NAME: Spring Creek Cafe | | | |
| TELEPHONE NUMBER: (573) 729 2998 | FAX NUMBER: ( ) | | |
| MAILING ADDRESS: 602 S, Mac Arthur | CITY: Salem | STATE: MO | ZIP CODE: 65560 |
| PHYSICAL ADDRESS: 602 S, Mac Arthur. | CITY: Salem | STATE: MO | ZIP CODE: 65560 |

DURING AN INSPECTION AND/OR EVALUATION OF YOUR _____ THE FOLLOWING CONDITIONS WERE OBSERVED AND MUST BE CORRECTED:

Extensive Cockroach infestation observed throughout the Kitchen. Live Cockroaches, Cockroach egg cases and Cockroach debris were observed inside cabinets, on shelves, around the sink area and among wiping cloths. Existing pest control measures appear ineffective. Front and back exterior doors were observed open upon arrival. A gap/opening was observed in the Kitchen window screen. Extensive grease buildup and debris are observed through out the facility. Due to extensive pest infestation & unsanitary condition observed, the facility was closed as advised by Natasha Sullivan from the State.

~~Effective pest control and thorough cleaning and sanitizing of the entire facility are required prior to reopening. All violations and conditions identified on the food establishment inspection report must be corrected.~~ See attached 2nd sheet.

| | | | |
|---|---|---|---|
| INSPECTED BY: Prerana Thapa / Rodeson Alter / Natasha Sullivan | | | EPHS NUMBER: 2002/2001 |
| AGENCY NAME: Dent County Health Center | TELEPHONE NUMBER | | FAX NUMBER |
| AGENCY ADDRESS: 1010 E Scenic Rivers Blvd | CITY: Salem | STATE: MO | ZIP CODE: 65560 |
| RECEIVED BY: Nancy Holloway | | | DATE: 09-24-2026 |

MO 580-0872 (9-11) DISTRIBUTION: WHITE - OWNER CANARY - INSPECTING AGENCY E 6.07

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# SANITATION OBSERVATION

PAGE 2 OF 2

| ESTABLISHMENT NAME | | | |
|---|---|---|---|
| Spring Creek Cafe | | | |
| TELEPHONE NUMBER | FAX NUMBER | | |
| (573) 729-2998 | ( ) | | |
| MAILING ADDRESS | CITY | STATE | ZIP CODE |
| 602 S. MacArthur Ave | Salem | MO | 65560 |
| PHYSICAL ADDRESS | CITY | STATE | ZIP CODE |
| | | | |

DURING AN INSPECTION AND/OR EVALUATION OF YOUR _____ THE FOLLOWING CONDITIONS WERE OBSERVED AND MUST BE CORRECTED:

This facility ~~has~~ 15 closed due to live roach infestation. The facility was closed last year due to the same reason. Pest control efforts throughout this past year have been ineffective, cleaning measures are non-existent by the current inspection report. Pictures were also taken of current outbuilding. This has been an ongoing problem and thus this establishment is permanently closed.

Per Dent County Health Center's Consumer Food and Safety Regulation, this restaurant constitutes an imminent and substantial hazard to public health.

The food establishment is hereby notified that your permit to operate has been revoked.

| INSPECTED BY | | EPHS NUMBER |
|---|---|---|
| Prezana Thapa / Rodeson Altes | | 2002 / 2001 |
| AGENCY NAME | TELEPHONE NUMBER | FAX NUMBER |
| Dent County Health Center | 573-729-3106 | 573-247-3434 |
| AGENCY ADDRESS | CITY | STATE / ZIP CODE |
| 1010 E. SCenic Rivers Blvd. | Salem | MO 65560 |
| RECEIVED BY | | DATE |
| Nancy Holloway | | |

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