



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

TIME IN	12:27 pm	TIME OUT	3:18 pm
DATE	Sept. 15, 2016	PAGE	1 of 4

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: AmVets #113	OWNER: AmVets #113 Membership	PERSON IN CHARGE: Jamie Dodson
ADDRESS: 3756 Pimville Road	ESTABLISHMENT NUMBER: 0805	COUNTY: 187
CITY/ZIP: Park Hills 63601	PHONE: (573)756-9685	FAX: none
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		P.H. PRIORITY : <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L
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 License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled see p. 2 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
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Conformance with Approved Procedures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination			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			
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		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				<input type="checkbox"/>	Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
	<input checked="" type="checkbox"/>	Prevention of Food Contamination			<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Jamie Dodson</i> Jamie Dodson	Date: September 15, 2016
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947 EPHS No. 1390
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: Oct. 4, 2016



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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME AmVets #113		ADDRESS 3756 Pimville Road		CITY /ZIP Park Hills 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, walk-in beer cooler		38			
Ambient, food freezer, bar		12			

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
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NOTE	A sample of water for bacteriological analysis will be taken on the morning of October 4, 2016.		
5-403.11A	The sewage was observed surfacing in the drainfield area. A Notice of Violation was written for this facility after the last routine inspection in 2015, at which time the effluent was observed surfacing. The officers are working with this department on replacing the OWTS.	10/4/16	
7-207.11	BAR Personal medicines were stored with facility food in a cabinet. Medicines and other personal items shall be stored in a designated location where facility food and food-related items cannot be contaminated. Please designate an area to store medicines.	9/15/16	
7-201.11B	Container of cleaner and Febreeze were stored on the same shelf with facility food. Please store toxins separately from or below facility food, single-use items, clean linens, and clean equipment.	9/15/16	
4-601.11A	Brown liquid observed above the deflector of the ice maker. Food contact surfaces shall be clean to sight and touch. Please clean.	9/15/16	
5-203.14B	There was no backflow prevention on one urinal in the men's bathroom. Water shall be protected from contamination. Please install an American Society of Sanitary Engineering (ASSE) rated backflow prevention device on this urinal. Also, the backflow prevention device installed on the second urinal appeared to be encrusted with calcium. Please clean or replace to ensure the device functions correctly.	10/4/16	

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
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6-301.12	BAR Paper towels at the handwashing sink were not in a dispenser. Please install a dispenser so paper towels remain sanitary when retrieving.	10/4/16	
3-307.11	Personal food was stored with facility food in the walk-in cooler. Personal food shall be stored in a designated area where facility food cannot be contaminated. Please label a container for employee food and store in a separated area in the cooler.	9/15/16	
6-501.12A	The floor of the walk-in cooler was dirty. Equipment shall be cleaned at a frequency to prevent debris accumulation. Please clean as often as needed to keep clean.	10/4/16	
6-501.12A	Accumulation of debris observed on the floor of the storage room. Physical facilities shall be clean. Please clean under and behind equipment.	10/4/16	
6-202.15A	Holes observed in the walls in the storeroom. Facility shall be sealed to prevent the entry of pests. Please repair and seal all holes.	10/4/16	
6-304.11	The ventilation fan in the women's bathroom was not working. Bathrooms shall have mechanical ventilation. Please repair or replace the fan.	10/4/16	
6-501.11	The toilet seat on one toilet in the women's bathroom was broken. Please repair.	10/4/16	

EDUCATION PROVIDED OR COMMENTS

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Inspector: Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
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ESTABLISHMENT NAME AmVets #113		ADDRESS 3756 Pimville Road		CITY / ZIP Park Hills 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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
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4-601.11A	KITCHEN Dried food debris observed inside the microwave. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize after use. Black plates, stored in the wall cabinet above the microwave, were badly marred from cutting utensils. Food contact surfaces shall be free from imperfections. Please dispose of plates. The label on a spray bottle of orange liquid, stored beneath the 3-vat sink, was no longer legible. Please label bottle with common name of contents. Food debris observed on some of the food containers stored on the table by the freezers. Please inspect all containers and wash, rinse, and sanitize those with food debris.	10/4/16	
4-202.11A			
7-102.11			
4-601.11A			

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6-501.18	KITCHEN The handwashing sink was dirty. Please clean as often as needed to keep clean. There were no paper towels at the handwashing sink. Please supply paper towels in a dispenser at all times. COS by placing towels in dispenser Utensils were stored handles-down in a tin can on the countertop. Please store handles up to prevent contamination of food contact surfaces when retrieving utensil. Dead insects observed inside the tin can holding clean utensils stored on the counter. Please wash, rinse, sanitize container and utensils. Food debris observed inside the wall cabinet above the television. Please clean as often as needed to keep clean. Debris observed on the dish drainer and dish drainer board. Please clean as often as needed to keep clean. Daylight observed around the edges of the air conditioner. Please seal to prevent pest entry. Accumulation of debris on the mobile carts. Please clean after each use. Dead insects observed on the towels placed under the pans by the freezers. Please remove and launder towels; clean table where equipment is stored. Black mold observed in two spots on the ceiling, indicating a moisture problem. Please determine source of leak and repair; clean and seal ceiling stains. Debris observed inside the Frigidaire refrigerator and Kenmore upright freezer. Please clean.	10/4/16	
6-301.12			
4-904.11B			
4-601.11C			
4-601.11C			
4-903.11A			
6-202.15A			
4-601.11C			
4-903.11A			
6-501.11			
4-601.11C			

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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
		Ambient, Frigidaire refrigerator/freezer	40/3
		Ambient, Kenmore freezer	20
		Ambient, Frigidaire freezer	0

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5-203.14B	KITCHEN, continued An in-line backflow prevention device on one urinal in the men's bathroom was blocked up with calcium. Please clean or replace to ensure it functions correctly.	10/4/16	
4-202.11A	One large frying pan had the non-stick coating deteriorating. Please dispose of pan.		
4-601.11A	The mesh strainers, hanging with the frying pans, were dirty with grease. Please wash, rinse, sanitize after use.		
5-203.14A	The temperature/pressure discharge valve on the hot water heater was directly connected to the sewage drain. This presents possible cross-contamination of the water supply. Please disconnect the discharge drain and end it approximately six inches from the floor, pointed down.		
6-501.111	Mouse feces observed in the storage room. Please remove all evidence of mice and begin an approved method of pest control.		
NOTE	Meats that were vacuum-packed in Ziplock bags were observed inside the freezers. Please supply information on the origin of the meat and location of vacuum packaging.		

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4-204.112A	KITCHEN, continued Thermometers not found inside the Frigidaire refrigerator or freezer, or in the Kenmore freezer or Frigidaire freezer. Please install accurate thermometers in each of these units in a convenient-to-read location.	10/4/16	
6-301.14	There was no sign to remind users to wash their hands in the women's bathroom. Please install a sign.		
5-205.15B	The toilet in the men's bathroom was leaking. Plumbing shall be maintained. Please repair.		
6-501.112	Dead insects observed throughout the facility. Please remove all dead insects and monitor facility for pests. If found, begin an approved method of pest control.		
6-202.15A	A rag was stuffed in a hole around a pipe in the storage room. Please seal hole to reduce pest entry points.		
4-601.11C 5-501.114	Accumulation of debris on the deep fryers and grill. Please clean as often as needed to keep clean. A plug was not in the drain of the outside dumpster. Please have trash company install a plug in the drain.		

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