



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

TIME IN	2:38pm	TIME OUT	4:56pm
DATE	5-7-16	PAGE	1 of 3

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: American Legion Post #39		OWNER: American Legion Post #39		PERSON IN CHARGE: Bill Hoppe	
ADDRESS: 5073 Flat River Road			ESTABLISHMENT NUMBER: 4433		COUNTY: 187
CITY/ZIP: Leadington, 63601		PHONE: 573-431-6039		FAX: na	
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
ESTABLISHMENT TYPE <input checked="" 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					
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> 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
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN <input checked="" type="checkbox"/> N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN <input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			IN OUT N/O <input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT <input checked="" type="checkbox"/>	Food additives: approved and properly used		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<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		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN <input checked="" type="checkbox"/> N/A	Food separated and protected	<input checked="" type="checkbox"/>					
IN <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	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		
		Food Temperature Control				<input checked="" 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 checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate				<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification				<input checked="" 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"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination				<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: Bill Hoppe			Date: May 7, 2016		
Inspector: John Wiseman		Telephone No. (573)431-1947	EPHS No. 1507	Follow-up: Follow-up Date: 6-11-16	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



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ESTABLISHMENT NAME American Legion Post #39		ADDRESS 5073 Flat River Road	CITY /ZIP Leadington, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Kitchen refrigerator		50/40 adj		
Kitchen freezer		10		
Hamburger from grill		160		

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
4-202.11A	Torn and damaged contact paper was observed as a surface covering on a wooden table located adjacent to the flattop grill. Food contact surfaces shall be smooth, free of imperfection and constructed to be cleanable and sanitizable. Please provide a surface that is smoot, durable and cleanable.	6-11-16	
4-202.11A	The food prep table beside the kitchen refrigerator/freezer and the steel table beside the refrigerator /freezer were observed to be covered with contact paper and plastic sheet adhesive respectively that is torn and/or missing. Food contact surfaces shall be smooth, free of imperfection and constructed to be cleanable and sanitizable. Please provide a surface that is smooth, durable and cleanable.		
6-501.111 ABCD	Rodent droppings were observed on lower shelving and on the floor of the kitchen area. The presence of insects, rodents and other pests shall be controlled to minimize their presence on the premises. Control measures shall include: monitoring incoming supplies, monitoring the premises for pests, using traps or professional control services, and eliminating harbarage conditions and points of entry.		
6-501.111 ABCD	Spider webs were observed at the wall/ceiling juncture in the kitchen area. The presence of insects, rodents and other pests shall be controlled to minimize their presence on the premises. Control measures shall include: monitoring incoming supplies, monitoring the premises for pests, using traps or professional control services, and eliminating harbarage conditions and points of entry.		

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
6-501.18	The kitchen hand wash sink was observed to be dirty. Plumbing fixtures such as hand wash sinks, toilets, service sinks and urinals shall be cleaned as often as necessary to keep them clean. Please clean the hand wash sink.	6-11-16	
6-301.11	Soap was not available at the hand wash sink. Each hand wash sink shall be provided with a supply of hand cleaning liquid. Please provide hand soap at the kitchen hand wash sink.		
5-205.15B	A water leak was observed at the faucet of the kitchen hand wash sink. A plumbing system shall be maintained in good repair. Please repair the leak at this location.		
6-501.12A	Food residue and splatters were observed on the walls throughout the kitchen area, especially near the grill area. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean the walls.		
5-501.113	The kitchen trashcan is without a lid. Waste receptacles shall be covered when not in continuous use. Please cover the trash can when not in use.		
6-202.11A	The flourescent light bulbs in the kitchen are either not shielded or not completely shielded. Light bulbs shall be sheilded or shatter resistant in areas of food preparation and storage. Please shield the bulbs adequately.		
4-601.11C	Food residue was observed on the interior of the kitchen freezer and refrigerator. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please thoroughly clean the refrigerator and freezer.		

EDUCATION PROVIDED OR COMMENTS

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Inspector:	John Wiseman	Telephone No. (573)431-1947	EPHS No. 1507
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: 6-11-16



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ESTABLISHMENT NAME American Legion Post #39		ADDRESS 5073 Flat River Road		CITY /ZIP Leadington, 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
3-302.11A	Raw ground beef was observed stored above ready to eat foods and raw produce in the kitchen refrigerator. Food shall be protected from cross contamination by separating raw animal foods from ready to eat foods so that contamination cannot occur. COS by removing the ground beef.	6-11-16	
3-501.16	Kitchen refrigerator was observed to have an ambient temperature of 50 F. Potentially hazardous foods shall be held at a temperature of 41F or lower. Potentially hazardous foods observed in the refrigerator were ground beef and cheese. According to the PIC, the food had been placed in the refrigerator for less than an hour. The food was removed from the refrigerator and placed in a cooler and covered with ice. Please do not place foods in the refrigerator until it has been determined to maintain a temperature of 41F or less.		
4-601.11A	Food residue was observed on the upper interior surface of the kitchen microwave. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the microwave interior.		

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
4-903.11A	Unwrapped single service paper plates and bowls were observed on top of the kitchen refrigerator. Single service items shall be protected from sources of contamination. Please protect single service items be storing in plastic bags or containers.	6-11-16	
4-601.11C	Food residue and debris was observed in utensil drawers and in kitchen cabinets in the kitchen area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please thoroughly clean all drawers and cabinet interiors in the kitchen area.		
4-302.14	According to the person in charge, the kitchen uses bleach as a surface sanitizer. Chlorine sanitizer test strips were not available for use in the kitchen. Please obtain an appropriate sanitizer test kit to ensure correct sanitizer strength.		
2-301.15	Employees were observed washing their hands in the three compartment sink. Food employees shall clean their hands in a hand washing sink and may not clean their hands in a sink used for food preparation or warewashing. Please use the hand wash sink for hand washing.		
6-501.12A 4-601.11C	Note: The kitchen area is in need of a thorough cleaning. The walls, floors, ceiling, equipment, and sinks were observed to be generally and ubiquitously soiled. Please thoroughly clean the kitchen area and all equipment, fixtures, utensils, and surfaces within this area.		

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