



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

|         |         |          |        |
|---------|---------|----------|--------|
| TIME IN | 5:55pm  | TIME OUT | 7:30pm |
| DATE    | 6-24-16 | 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:<br>Bonne Terre Drag Strip  |  | OWNER:<br>Jarrod Keen  | PERSON IN CHARGE:<br>Jarrod Keen, Shelly Keen  |   |  |
| ADDRESS:<br>7640 Blackberry Ln.  |  | ESTABLISHMENT NUMBER:<br>4743  | COUNTY:<br>187   |   |  |
| CITY/ZIP:<br>Bonne Terre   |  | PHONE:<br>573-701-5151   | FAX:   | P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |  |
| ESTABLISHMENT TYPE<br><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 |  |  |  |   |  |
| PURPOSE<br><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<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  |  | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A             | Proper cooking, time and temperature   |     |   |
|   | <b>Employee Health</b>  |     |   | <input 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A             | Proper hot holding temperatures  |     |   |
|   | <b>Good Hygienic Practices</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A            | Time as a public health control (procedures / records)   |     |   |
|   | <b>Preventing Contamination by Hands</b>  |     |   |  | <b>Consumer Advisory</b>   |     |   |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O  | Hands clean and properly washed   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | Consumer advisory provided for raw or undercooked food   |     |   |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O  | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |  | <b>Highly Susceptible Populations</b>  |     |   |
| <input checked="" type="checkbox"/> OUT   | Adequate handwashing facilities supplied & accessible                                       |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A            | Pasteurized foods used, prohibited foods not offered   |     |   |
|   | <b>Approved Source</b>  |     |   |  | <b>Chemical</b>  |     |   |
| <input checked="" type="checkbox"/> OUT   | Food obtained from approved source  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | Food additives: approved and properly used   |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Food received at proper temperature   |     |   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT  | Toxic substances properly identified, stored and used  |     |   |
| <input checked="" type="checkbox"/> OUT   | Food in good condition, safe and unadulterated  |     |   |  | <b>Conformance with Approved Procedures</b>  |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                           |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | Compliance with approved Specialized Process and HACCP plan  |     |   |
|   | <b>Protection from Contamination</b>  |     |   |  | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance    OUT = not in compliance<br>N/A = not applicable    N/O = not observed<br>COS=Corrected On Site    R=Repeat Item |     |   |
| <input type="checkbox"/> IN <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"/> N/O                              | 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |                                     | <b>Food Temperature Control</b>   |     |   | <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   |     |   |                                     |                                     | <b>Utensils, Equipment and Vending</b>  |     |   |
| <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 |     |   |
|                                     |                                     | <b>Food Identification</b>  |     |   | <input type="checkbox"/>            | <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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean  |     |   |
|                                     |                                     | <b>Prevention of Food Contamination</b>   |     |   |                                     |                                     | <b>Physical Facilities</b>  |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Insects, rodents, and animals not present   |     |   | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Wiping cloths: properly used and stored   |     |   | <input checked="" 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 checked="" type="checkbox"/> | <input 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:<br>Jarrod Keen, Shelly Keen                          |              | Date:<br>June 24, 2016         |                  |
| Inspector:<br>   | John Wiseman | Telephone No.<br>(573)431-1947 | EPHS No.<br>1507 |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |              | Follow-up Date: 7-22-16        |                  |



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| ESTABLISHMENT NAME<br>Bonne Terre Drag Strip |  | ADDRESS<br>7640 Blackberry Ln. |                        | CITY /ZIP<br>Bonne Terre |              |
| FOOD PRODUCT/LOCATION                        |  | TEMP. in ° F                   | FOOD PRODUCT/ LOCATION |                          | TEMP. in ° F |
| Kenmore chest freezer                        |  | 0                              |                        |                          |              |
| Frigidaire refrigerator/freezer              |  | 40, 10                         |                        |                          |              |
| Kenmore upright freezer                      |  | 0                              |                        |                          |              |
|  |  |                                |                        |                          |              |

| Code Reference | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>   | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
| 3-501.17A      | A package of hot dogs and a package of American cheese not in their original packaging was observed in the Frigidaire refrigerator without a date of disposition. Potentially hazardous foods held refrigerated shall be marked with the day or date, not to exceed six days, by which time the food will be sold, consumed or discarded. COS by affixing a discard date.                                      | COS               |         |
| 4-501.114      | A commercial, scented quaternary ammonia product was observed in use in the kitchen as a surface sanitizer. The quaternary ammonia sanitizer was measured at a concentration of greater than 400 ppm. Scented surface sanitizers may not be used in food establishments. Please use unscented quaternary ammonia or unscented chlorine bleach as a surface sanitizer.  |                   |         |
| 4-601.11A      | The can opener stored on the metal rack in the kitchen was observed to be dirty. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the canopener. A can of air freshener was observed stored with food on a wire rack in the kitchen. Toxic materials shall be stored where they cannot contaminate food. Please store the air freshener separate from the food items. |                   |         |
| 5-402.13       | The drain from the soda fountain was observed to be conducted via PVC pipe to the exterior of the building and onto the ground. Sewage shall be conveyed to the point of disposal through an approved sanitary sewage system. Collect the drain waste in a bucket and dump the waste down the mop sink drain. The waste cannot be conducted directly to the ground.  |                   |         |

| Code Reference | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b> | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
| 4-601.11C      | Food residues and spills were observed inside the Frigidaire refrigerator. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the interior of the refrigerator.   | 7-22-16           |         |
| 4-601.11C      | A build-up of grease and debris was observed on the interior of the hood above the grill. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the interior of the hood.  |                   |         |
| 6-202.11A      | An unshielded light bulb was observed installed inside the hood above the grill. In areas of food preparation, light bulbs shall be shielded or shatter resistant. Please replace the bulb with a shatter resistant bulb.   |                   |         |
| 5-202.12A      | Hot water was not available at the hand wash sinks in the mens and womens restrooms. Hand washing sinks shall be equipped to provide water at a temperature of at least 100F. Please provide hot water at all hand washing sinks.   |                   |         |
| 4-302.12       | The kitchen did not have an appropriately scaled food thermometer for kitchen use. Please obtain a food thermometer that is scaled from 0F to 220F in two degree increments. The use of a digital thermometer is acceptable.  |                   |         |
| 4-302.14       | Sanitizer test strips were not available for determining correct sanitizer strength. Please obtain an appropriate test kit to determine sanitizer strength.   |                   |         |

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Jarrod Keen, Shelly Keen Date: June 24, 2016

Inspector: John Wiseman Telephone No. (573) 431-1947 EPHS No. 1507 Follow-up:  Yes  No Follow-up Date: 7-22-16



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|--|--------------------------------|--------------------------|

| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-----------------------|--------------|------------------------|--------------|
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |

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|----------------|--|-------------------|---------|
|----------------|--|-------------------|---------|

|                |   |         |    |
|----------------|---|---------|----|
| 4-501.114<br>A | Lemon scented bleach was observed in use in the kitchen. Only unscented bleach may be used as a sanitizing chemical. Please use only unscented bleach as a sanitizer.   | 7-22-16 | JK |
| 7-101.11       | An unlabeled spray bottle was observed stored under the sink in the kitchen. Working containers for storing cleaners or toxic materials shall be labeled with the common name of the material. Please label the bottle. |         |    |
| 4-601.11A      | An accumulation of food debris was observed on the interior surfaces of the microwave oven. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the interior of the microwave.    |         |    |

| Code Reference | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b> | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

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EDUCATION PROVIDED OR COMMENTS

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| Person in Charge /Title<br>  |              | Jarrod Keen, Shelly Keen        | Date: June 24, 2016 |
| Inspector:<br>   | John Wiseman | Telephone No.<br>(573)-431-1947 | EPHS No.<br>1507    |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |              | Follow-up Date: 7-22-16         |                     |