



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

TIME IN	1:07 pm	TIME OUT	3:10 pm
DATE	Feb. 3, 2017	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: Cheap Smokes and Loans (Tarheel Enterprises)		OWNER: Brian Mayer	PERSON IN CHARGE: Christal Calk		
ADDRESS: 914 Benham Street		ESTABLISHMENT NUMBER: 0774	COUNTY: St. Francois		
CITY/ZIP: Bonne Terre 63628		PHONE: (573)358-4040	FAX: (573)358-4177	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD					
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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <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 type="checkbox"/> N/O <input checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		<input checked="" type="checkbox"/>
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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/O <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)		
	Preventing Contamination by Hands				Consumer Advisory		
<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				Highly Susceptible Populations		
<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		
	Approved Source				Chemical		
<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"/>
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<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		
	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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		
		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					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 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		
		Prevention of Food Contamination					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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Christal Calk</i> Christal Calk		Date: February 3, 2017	
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: Feb. 17, 2017



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ESTABLISHMENT NAME Cheap Smokes and Loans (Tarheel Enterprises)		ADDRESS 914 Benham Street	CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Haier refrigerator: ambient		29	Hot dog, roller bite on hot dog roller	
IDW cooler: ambient		39	Half and Half, dispenser	
Chili, dispenser		149	Ambient, chest freezer	
Iced coffee machine, ambient		39	Ambient, walk-in cooler	
Nacho cheese, dispenser		140		

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
4-601.11A	Mold and/or debris observed on the deflector of the ice maker. Food contact surfaces shall be clean to sight and touch. Please discard ice, wash, rinse, sanitize, and air dry all surfaces of ice maker before returning to service.	2/5/17	[Handwritten Initials]
7-102.11	A spray bottle of clear liquid was stored on the rack over the 3-vat sink. Working containers of chemicals shall be labeled with the common name of the contents. COS by labeling.	COS	
7-201.11	Cleaners and dish detergent were stored above the 3-vat sink. Chemicals shall not be stored above equipment. Please store chemicals below or separated from the 3-vat sink. COS	COS	
4-601.11A	Mold was observed on the housing above the soda nozzles on the drive-up window soda dispenser, and dried syrup felt on the dispensers. Please wash (scrub with brush), rinse, and sanitize nozzles and areas around the nozzles on the machine daily.	2/3/17	
4-601.11A	Dried syrup and other debris observed on the dispenser nozzles and housing around the dispensers on the soda machines in the retail area. Please wash, rinse, sanitize all portions of the dispensing area on the machines every	2/3/17	
3-403.11	The internal temperatures of the hot dog and the roller bite, held hot on the hot dog roller heater, were less than 135F. Food shall be held at 135F or higher. NOTE: according to manager, these items were placed on the roller between 12 noon and 1 pm (1 to 2 hours prior). It was noted that the thermostats were set between "2 and 3", the lower end of the settings. Please quickly heat food to 135F on the roller and monitor temperature of the food to ensure it reaches 165F within two hours, and is maintained at 135F or higher. COS	COS	
Final temperature	166 and 195F.		

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
6-202.15A	Daylight was seen between the front entry doors. Outside entries shall be sealed to prevent pest entry. Please seal door.	2/17/17	[Handwritten Initials]
6-501.18	The handwashing sink was dirty. Sinks shall be kept clean. Please clean all surfaces of sink as often as needed to keep clean.	2/3/17	
6-301.12	There was no dispenser for paper towels at the handwashing sink. Paper towels shall be dispensed in a sanitary manner. Please provide a dispenser for the paper towels.	2/17/17	
6-501.112	Dead insects and debris observed on the floor in the room holding bag-in-boxes. Dead pests shall be removed from facility, and the floor shall be kept clean. Please clean.	2/17/17	
6-501.12A	Accumulation of dust observed on the Glojet compressors, shelves, hoses, pipes, and other equipment in the room holding the bag-in-box holders. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean equipment in this room.	2/17/17	
4-601.11C	Accumulation of dust observed on the air intake grates on the Kelvinator HVAC machine in the room holding bag-in-boxes. Ventilation systems shall not be a source of contamination. Please clean pipes and grates of HVAC system.	2/17/17	
6-501.14A	One vat of the 3-vat sink was full of loose styrofoam cups. Please keep all vats available for use of washing, rinsing, and sanitizing utensils and equipment.	2/3/17	
4-501.11A	One faucet on the 3-vat sink was broken and not workable, so one vat of the sink cannot be filled from the faucet. Please repair the faucet to allow filling of the sink.	2/10/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:		Christal Calk	Date: February 3, 2017
Inspector:	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: Feb. 17, 2017



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3-501.17B	The two boxes of creamers in the dispenser were not labeled with the date of disposition. Please label boxes with a 7-day disposition date when the containers are placed in the machine (the day of opening plus an additional six days). NOTE: boxes of creamer held in the unit were voluntarily discarded during this visit. The dispenser was not refilled during this visit.	2/3/17	<i>[Signature]</i>
5-203.14A	The water discharge hose for the water softener ended below the rim of the mop sink. Potable water shall be protected from contamination from backflow. Please provide an air gap that is a minimum of 1" between the end of the discharge hose and the rim of the sink.	2/5/17	

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5-501.13A	Trash was collected in a large trash bag hooked to the filing cabinet in front of the 3-vat sink. Trash containers shall be durable, cleanable, and pest resistant. Please use trash bags only for lining trash receptacles.	2/4/17	<i>[Signature]</i>
4-601.11C	Accumulation of debris observed on the door seals, creases, handles, and top of the Haier drive-up refrigerator. Please clean all surfaces of refrigerator as often as needed to keep clean.	2/17/17	
6-501.11	Stains observed on some ceiling tiles, and some ceiling tiles were dislodged or missing. Facility shall be maintained. Please ensure there are no leaks, then either replace or paint ceiling tiles. Replace dislodged or missing tiles.		
6-501.12A	Accumulation of debris observed on the floor in the cabinets below the iced coffee maker and soda dispensers. Please clean inside of cabinets as often as needed to keep clean.	2/17/17	
5-501.116 A	Accumulation of debris on the outside surfaces of the trash can stored by the entry to the employee bathroom. Please clean all surfaces of trash can when emptied.	2/5/17	
4-302.12A	A cook's thermometer was not available upon request. A thermometer, reading from 0 to 220F, and graduated in two degree increments (or a digital thermometer) shall be available for use of checking food temperatures. Please provide and use an accurate cook's thermometer to ensure food held hot is held at 135F, and temperature of 135F is reached within two hours of placing in hot hold unit.	2/5/17	

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4-601.11C	White, plastic shelf liners holding wine in the walk-in cooler were dirty. Please clean shelf liners as often as needed to keep clean.	2/17/17	
6-501.12A	Mold was observed on the ceiling in front of the fans of the condenser in the walk-in cooler. Please clean and sanitize to reduce mold growth.	2/5/17	
6-501.18	Mold observed behind the faucet on the handwashing sink in the bathroom. Please clean all surfaces of handwashing sink as often as needed to keep clean.	2/3/17	
5-501.114	There was no plug in the drain in the bottom of the outside trash receptacle. Please have the company install a drain plug to prevent wastes from running out of dumpster and reduce pest access points.	2/17/17	
4-302.14	Sanitizer test strips were not available upon request. Please provide sanitizer test strips at all times to ensure sanitizer solutions are between 50 and 100 ppm chlorine.	2/5/17	

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