



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

TIME IN	8:38am	TIME OUT	11:35am
DATE	2-8-16	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: Chuck and BJ's BTC	OWNER: Chuck and BJ Maxon	PERSON IN CHARGE: Chuck Maxon
ADDRESS: 919 Benham Street/PO Box 466	ESTABLISHMENT NUMBER: 0775	COUNTY: 187
CITY/ZIP: Bonne Terre, 63628	PHONE: 573-358-5515	FAX: 573-431-7146
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 type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" 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		
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 <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/O <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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" 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 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						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>		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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT <input 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"/>	Single-use/single-service articles: properly stored, used		<input checked="" type="checkbox"/>
<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use				<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
						<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
						<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge Title: <i>Chuck Maxon</i>	Chuck Maxon	Date:	February 8, 2016
Inspector: <i>John Wiseman</i>	John Wiseman	Telephone No.:	(573)431-1947
		EPHS No.:	1507
		Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:	2-22-16



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

ESTABLISHMENT NAME Chuck and BJ's BTC		ADDRESS 919 Benham Street/PO Box 466		CITY /ZIP Bonne Terre, 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
True freezer amb		5	Nacho cheese		135
Walk in cooler		42	Hot dog on roller display		181
Coke cooler		32	Hot hold: chicken, potato wedges		184,157
Pepsi cooler		26	cauliflower, gravy, mashed potatoes		181,162,172
Dr. Pepper cooler		36			

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
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4-601.11A	Food residue was observed in the mixing bowl of the mixer in the kitchen. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize the equipment.	2-11-16	/M
6-501.111 ABCD	Rodent droppings were observed on the floor in the kitchen area. The presence of insects and rodents shall be controlled to minimize their presence on the premises. Please remove evidence of pests and take action to control rodents.		
4-601.11A	Food debris 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.		
4-601.11A	Food debris was observed on a metal pan stored on shelving of the table in use at the fry station. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the equipment.		
3-501.17B	Dates of disposition were not observed on container of beans stored on reach-in shelving of the walk-in cooler in the kitchen. Potentially hazardous foods held refrigerated shall be marked with a day or date by which the food will be sold, consumed or discarded. According to the owner, the food is purchased pre-prepared and was opened the previous day. Please mark these items with an appropriate date of disposition.		

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
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6-501.12A	Dust and debris was observed on the floor below equipment in the kitchen. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean this area.	2-22-16	M
6-202.15A 3	Daylight was observed at the bottom right side of the exterior entry door in the kitchen. The outer openings of a food establishment shall be protected against the entry of insects and rodents by use of a solid, self-closing, tight-fitting door. Please seal the gap at this location.		
4-601.11C	Dust and food debris was observed on shelving in the kitchen area. Non-food contact surfaces shall be kept free of and accumulation of dust, dirt, food residue and debris. Please clean these areas as necessary.		
6-501.12A	An accumulation of grease and food debris was observed on the wall beside the stove in the kitchen. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean as often as necessary.		
6-501.14A	An accumulation of dust and debris was observed on the HVAC vent above the hot holding area in the kitchen. Intake and exhaust air ducts shall be cleaned so they are not a source of contamination by dust, dirt, and other materials. Please clean the vent in this area.		
6-5-1.11	Damaged base molding was observed throughout the kitchen area. The damaged molding is accumulating food debris and dirt. The facility shall be maintained in good repair. Please repair the molding in the kitchen.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title 		Chuck Maxon	Date: February 8, 2016
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: 2-22-16



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

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4-601.11A	Mold and dried soda syrup was observed on the nozzle housing of the Pepsi soda fountain in the retail area. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize this area daily.	2-11-16	RAM
7-201.11B	A can of automotive cleaner was observed stored above single service items stored in the storage room. Toxic materials shall be stored where they cannot contaminate food, equipment and single service items. COS by moving the cleaner.	COS	

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4-601.11C	Debris was observed on the plastic gravity-fed shelving for milk and other items on the shelving in the walk-in cooler. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the shelving in this area.	2-22-16	[Signature]
6-501.12A	Debris was observed on the floor around the toilet in the men's room. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean the floor in this area as necessary.	[Signature]	
6-501.12A	Dust was observed on the mechanical vents in the men's and women's restroom. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean the vents.		
6-501.11	Stained ceiling tiles were observed in the retail area. Physical facilities shall be maintained in good repair. Please paint or replaced stained and damaged tiles and continue to monitor for leaks.		
6-202.11A	Unshielded incandescent light bulbs were observed installed in the hot hold display case in the retail area. In areas of food prep and food storage, light bulbs shall be shielded or otherwise shatter resistant. Please install shatter resistant bulbs in this location.		
4-903.11A 3	A case of foam cups were observed stored on the floor in the storage room. Single service items shall be protected from contamination by storing them at least six inches off of the floor. COS by storing off of the floor.		

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Inspector: [Signature]	John Wiseman	Telephone No. (573)-431-1947
	EPHS No. 1507	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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5-501.113 5-501.114	The facility dumpster lids were observed to be open and plugs were not in place in the drain holes. Outside trash receptacles shall be kept covered to discourage access by pests and shall be leak proof. Please keep the lids closed and install a plug in the drain.	2-22-16	
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Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 2-22-16