



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

TIME IN 10:58 am	TIME OUT 1:30 pm
DATE Nov. 18, 2016	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: Dori's Bar and Grill	OWNER: Dori's Bar and Grill, LLC	PERSON IN CHARGE: Barb Bowen
ADDRESS: 6100 Highway Y	ESTABLISHMENT NUMBER: 4754	COUNTY: St. Francois (187)
CITY/ZIP: French Village, MO 63036	PHONE: (573)358-7771	FAX: none
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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 checked="" 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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<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		
	Good Hygienic Practices			<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 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"/>
<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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		<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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food obtained from approved source	<input checked="" type="checkbox"/>		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input 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		
<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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected				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"/>					
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored	<input checked="" type="checkbox"/>	
<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 type="checkbox"/>	<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 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	<input checked="" type="checkbox"/>	
		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	<input checked="" type="checkbox"/>	
<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 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: <i>Barb Bowen</i> Barb Bowen	Date: November 18, 2016
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

ESTABLISHMENT NAME Dori's Bar and Grill		ADDRESS 6100 Highway Y		CITY /ZIP French Village, MO 63036	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, Frigidaire freezer, kitchen		10	Prep table, top: hamburger, chicken, cut tomatoes		38, 36, 37
Ambient, Maytag refrigerator/freezer		40/8	Prep table, bottom: ambient, cooked chicken, hamburger		35, 36, 36
Ambient, chest freezers		0, 20	Westinghouse refrigerator: ambient, cooked hamburger		40, 34
Ambient, Westinghouse freezer		18	Ambient, Frigidaire refrigerators/freezers, storeroom		41/12, 41/3
Chicken, reheat to order, grill		202			

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
4-601.11A	Debris observed on the blade of the table-mounted can opener. Please wash, rinse, and sanitize blade after use; clean entire housing and holster as often as needed to keep clean. CORRECTED ON SITE by cleaning and sanitizing	COS	
3-501.17A	Cooked hamburger was thawing in the Westinghouse refrigerator. It was not labeled with the date of preparation and the disposal date. Potentially hazardous, ready-to-eat foods that are prepared on site, or commercially prepared and opened, and held for more than 24 hours shall be labeled with the date of disposition, which is the day of preparation, or opening, plus an additional six days. If the food is prepared and frozen, count the day of preparation plus the number of days that it was not frozen and add it to the number of days to disposal after thawing. CORRECTED ON SITE by labeling hamburger packages	COS	
3-201.11A	A pitcher of ice cream, stored in the Maytag freezer, was possibly not from an inspected facility. Food shall come from an inspected and approved source. Please ensure all food prepared or sold at this facility is obtained from a source that is under current health inspections. CORRECTED ON SITE by discussion of rule and voluntarily discarding ice cream.	COS	
5-203.14A	A hose was attached to one faucet of the mop sink. There was no backflow prevention provided. Water shall be protected from contamination from backflow. Please install an American Society of Sanitary Engineering (ASSE) rated hose bibb vacuum breaker on the hose bibb. CORRECTED ON SITE by installing an ASSE rated hose bibb vacuum breaker.	COS	
NOTE	The only food observed prepared during this visit was reheating chicken for a made-to-order salad.		

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
6-501.12A	The drain pipes below the 2-vat sink in the kitchen were dirty. Physical facility shall be kept clean. Please clean pipes as often as needed to keep clean. CORRECTED ON SITE by cleaning	COS	
4-101.19	A paper towel was used to line a pizza pan holding utensils, salt/pepper containers, and bottles of grease. Non-food contact surfaces that require frequent cleaning shall be smooth and non-absorbent. Please do not use paper towels to line equipment. CORRECTED ON SITE by discarding towels	COS	
5-205.11A	Two containers of soap were stored in the vat of the handwashing sink. Handwashing sinks shall be accessible at all times. Please do not place anything in the vat of the sink. COS by installing dispenser	COS	
3-302.11A	A pitcher containing what may be ice cream was stored in the Maytag freezer without being covered. Food shall be protected while in storage. Please cover the pitcher. CORRECTED ON SITE by discarding ice cream.	COS	
4-903.11A	Boxes of single-use lids, clamshells, napkins, and straws, and boxes containing equipment, were stored on the floor in the walk-in storage unit. Single-use items and equipment shall be stored a minimum of six inches off the floor. Please use pallets, shelves, or some other means to elevate items stored in this unit to allow effective cleaning of floor and to protect the items from contamination while in storage. COS use pallet	COS	
4-903.11A	Boxes of single-use paper towels were stored on the floor in the chemical storage room. Single-use items shall be stored at least six inches off the floor. Please place towels on pallet or shelf or some other way to elevate.	11/20/16	<i>RB</i>
6-202.14	The employee bathroom door was propped open. According to owner, it is propped open because the gas water heater in this room makes the bathroom very warm. Bathroom doors shall remain closed except during cleaning. Please use ventilation to exhaust excess heat and keep door closed. COS by closing door	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge/Title: <i>Barb Bowen</i> Barb Bowen		Date: November 18, 2016
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date:



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

ESTABLISHMENT NAME Dori's Bar and Grill		ADDRESS 6100 Highway Y		CITY /ZIP French Village, MO 63036	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, Frigidaire cooler, bar		41	Ambient, bar chest beer coolers		38, 38
Ambient, walk-in cooler		41			

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
5-403.11B	Vegetative growth outside the lagoon fencing prevented observation of the second lagoon cell and the area of discharge. Woody vegetative growth within the lagoon enclosure was observed and should be removed. Please clean and remove excess vegetation inside/outside lagoon fencing to prevent dam failure. NOTE: the growth will be removed once the weather freezes to allow safe access.	12/31/16	RB
NOTE	An email was received on October 3, 2016 from Mr. Tim Mattingly, MO DNR, that stated the lagoon was in compliance with MO DNR regulations but the lagoon will require some future renovations to comply with discharge limits involving ammonia.		
NOTE	A water sample for bacteriological testing will be collected on November 21, 2016 at approximately 8:30 am. An email was received on September 28, 2016 from Mr. Deric Calvert, MO DNR, that stated the water supply was compliant with MO DNR regulations for a non-community well. Please provide a Permit to Dispense from the MO DNR for your well water.		

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
3-304.12B	The handle of the scoop was stored in the ice at the soda dispenser in the waitress station for the dining room. Handles shall be stored above the surface of non-potentially hazardous food. Please store scoop on a clean and sanitized surface, or with the handle above the food inside the ice bin. CORRECTED ON SITE by storing outside of ice.	COS	
4-601.11C	Accumulation of debris observed on the ledges of the door slides in the beer chest coolers in the bar. Please clean ledges as often as needed to keep clean. CORRECTED ON SITE by cleaning and sanitizing ledges	COS	
4-302.14	There were no test strips to check the concentration of quaternary ammonia in the sanitizer in the 3-vat sink. Test kits shall be available at all times to ensure concentration is correct. Please supply test strips.	11/22/16	RB

EDUCATION PROVIDED OR COMMENTS

Person in Charge/Title: <i>Barb Bowen</i>	Barb Bowen	Date: November 18, 2016
Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)-431-1947
	EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: