



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

TIME IN	10:19am	TIME OUT	1:40pm
DATE	10-30-15	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: Goose Creek Market & Pub	OWNER: Mike Rinesmith	PERSON IN CHARGE: Pam Voght
ADDRESS: 6161 Office Drive	ESTABLISHMENT NUMBER: 1324	COUNTY: 187
CITY/ZIP: French Village, 63036	PHONE: 573-358-5672	FAX: 573-358-5672
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"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> 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 type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled pending _____ 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"/> NO <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"/> NO <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"/> NO <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 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"/> NO <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"/> YES <input 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 type="checkbox"/> IN <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. 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 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"/> NO	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 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		
		<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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input 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 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>Pam Voght</i> Pam Voght	Date: October 30, 2015
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: 11-16-15, 8:30am



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

ESTABLISHMENT NAME Goose Creek Market & Pub		ADDRESS 6161 Office Drive		CITY /ZIP French Village, 63036	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Whirlpool freezer/cooler		0,36	Ice cream freezer		0
True prep cooler		30	Walk-in cooler		40
Frigidaire freezer #1,#2,#3		0,10,0	Pepsi cooler, glass front cooler		38,34
Cold Hold: lettuce, tomato, sausage		38,34,37	Bar area: condiment cooler		40
Ground beef, shredded cheese		37,40	beer cooler #1, #2		32,32

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
3-501.18A 1	Packages of sliced lunch meat were observed in the Whirlpool refrigerator past the date of disposition. Food shall be discarded if it exceeds the temperature and time combination specified in 3-501.17A of the Food Code. COS by discarding these items.	COS	[Handwritten Initials]
3-501.17A	A date of disposition was not marked on a container of mac & cheese in the True prep cooler. The date marked was the date the food was placed in the cooler. Potentially hazardous foods held refrigerated shall be marked with the day or date by which the food will be consumed, sold, or discarded. COS by marking with the date of disposition.	COS	
3-302.11A 1b	Packages of raw sausage were observed stored above frozen orange juice in the Frigidaire freezer #3. Ready to eat foods shall be protected from cross contamination by storing them above raw animal foods. Please store all raw animal foods below ready to eat foods.	11-1-15	
4-601.11A	An accumulation of food debris was observed on the interior surfaces of the kitchen microwave. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the interior of the microwave.	[Handwritten Vertical Line]	
4-601.11A	An accumulation of food residue was observed on the rollers and conveyer surfaces of the pizza oven. Food contact surfaces shall be cleaned as often as necessary to keep clean. Please wash, rinse, and sanitize the conveyer surfaces in the pizza oven.		
4-601.11A	An accumulation of food debris was observed on the french fry cutter in the kitchen. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize the fry cutter.		

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
4-601.11C	An accumulation of food debris was observed in the bottom of the Frigidaire freezer #1. Non-food contact surfaces shall be kept free of and accumulation of dirt, food residue and debris. Please clean the interior of the freezer.	11-16-15	[Handwritten Initials]
3-305.11A 3	Cans of soup were observed stored on the floor below the grill area. Foods shall be protected from sources of contamination by storing them at least six inches off of the floor. COS by removing the food from the floor.	COS	
6-501.12A	An accumulation of grease and food residue was observed on the floor below the grill area. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean the floor below the grill area.	11-16-15	
3-304.14B 1	Wiping cloths were observed in use without storing in the sanitizer bucket. Wiping cloths in use for wiping counters and equipment surfaces shall be held between uses in a chemical sanitizer. Please store wiping cloths in the sanitizer bucket.	[Handwritten Vertical Line]	
6-501.12A	Dirt and debris was observed on the floor below the pizza oven. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean the floor below the pizza oven and throughout the kitchen.		
4-601.11C	Dust and food debris was observed on shelving and horizontal surfaces throughout the kitchen. Non-food contact surfaces shall be kept free of an accumulation of dust and debris. Please clean all shelving and horizontal surfaces in the kitchen area.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Pam Voght</i> Pam Voght		Date: October 30, 2015
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: 11-16-15, 8:30



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

ESTABLISHMENT NAME Goose Creek Market & Pub		ADDRESS 6161 Office Drive		CITY /ZIP French Village, 63036	
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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
4-601.11A	An accumulation of food residue was observed on the kitchen can opener. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the can opener.	11-1-15	PV
4-601.11A	An accumulation of food residue was observed on food contact surfaces of the Fleetwood meat slicer located in the kitchen. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize all food contact surfaces of the slicer.	11-1-15	
3-501.18A 1	Sliced ham and roast beef was observed in the walk-in cooler past the discard date. Food shall be discarded if it exceeds the temperature and time combination specified in 3-501.17A of the Food Code. COS by discarding these items.	COS	
4-601.11A	Mold was observed on the nozzle housing of the soda fountain at the beverage station. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize this area.	11-1-15	
6-501.111 ABCD	Spider webs were observed on the walls in the beverage station area and rodent droppings were observed in the cabinets below the soda fountain. The presence of insects, rodents, and other pests shall be controlled to minimize their presence on the premises. Control measures shall include: routinely inspecting incoming shipments of supplies, routinely inspecting the premises for the presence of pests, using traps or professional control services, and eliminating harborage conditions. Please remove evidence of pests from the facility and continue to monitor for their presence.	11-1-15	

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
3-305.11A 3	A case of potatoes were observed stored on the floor in the kitchen. Food shall be protected from sources of contamination by storing at least six inches off of the floor. Please store the potatoes off of the floor.	11-16-15	PV
5-501.17	The restroom shared by men and women was not provided with a covered waste can. A toilet room used by females shall be provided with a covered receptacle for sanitary napkins. Please provide a covered waste can in the restroom.		
4-601.11C	Food residue and debris was observed on the plastic gravity feed shelving in the reach-in area of the walk-in cooler. Non-food contact surfaces shall be kept free of and accumulation of dirt, food residue and debris. Please clean the plastic shelving in this area.		
6-202.11A	Unshielded fluorescent light bulbs were observed stored in the walk-in cooler. In areas of food preparation and storage, light bulbs shall be shielded or shatter resistant. Please provide shielding of light bulbs in the cooler.		
4-601.11C	Dirt and debris was observed in the door glides of the Nestle ice cream freezer. Non-food contact surfaces shall be kept free of an accumulation of dirt, food residue and debris. Please clean the door glides of the freezer.		
4-601.11C	Dirt, dust and debris was observed in the door glides and the interior of the condiment cooler in bar area. Non-food contact surfaces shall be kept free of and accumulation of dirt, food residue and debris. Please clean the interior of the cooler.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Pam Voght</i> Pam Voght		Date: October 30, 2015
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: 11-16-15, 8:30



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

ESTABLISHMENT NAME Goose Creek Market & Pub		ADDRESS 6161 Office Drive		CITY / ZIP French Village, 63036	
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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
----------------	--	-------------------	---------

4-601.11A	Mildew was observed on the interior baffle of the ice machine. Food contact surfaces shall be clean to sight and touch. Please remove the baffle and wash, rinse, and sanitize before re-installing.	11-1-15	PV
-----------	--	---------	----

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
----------------	---	-------------------	---------

5-205.11A	The hand wash sink in the bar area was made inaccessible by an accumulation of debris. Hand wash sinks shall be accessible at all times. COS by restoring access to the sink.	COS	
5-501.113 B	The lids of the facility dumpster were observed to be open. Outside refuse receptacle shall be kept covered. Please keep the dumpster lids closed.	11-16-15	PV
4-302.14	Sanitizer test strips were not available for testing the concentration of sanitizer. A test kit that accurately measures the concentration in mg/L of sanitizing solution shall be provided. Please obtain an appropriate sanitizer test kit.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Pam Voght		Date: October 30, 2015
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: 11-16-15, 8:30