



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

TIME IN 1:40 pm	TIME OUT 2:50 pm
DATE Oct. 20, 2016	PAGE 1 of 2

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: Great Wall Chinese Restaurant	OWNER: Teng Fang Chen	PERSON IN CHARGE: Dian Jiang
ADDRESS: 1140 North Desloge Drive	ESTABLISHMENT NUMBER: 0134	COUNTY: St. Francois
CITY/ZIP: Desloge 63601	PHONE: (573)431-9888	FAX: (573)431-7111
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" 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 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 type="checkbox"/> Not Applicable License No. 187-15359, exp. 5/31/17	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"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
<b>Employee Health</b>				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<b>Preventing Contamination by Hands</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> IN <input 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"/> IN <input 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"/> IN <input 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>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Chemical</b>		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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"/> IN <input type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input 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	COS	R	IN	OUT	COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> COS	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		
<b>Food Identification</b>				<b>Physical Facilities</b>			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		
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<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		

Person in Charge /Title: <i>Dian Jiang</i> Dian Jiang	Date: October 20, 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:



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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Great Wall Chinese Restaurant		ADDRESS 1140 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
			Cooked chicken in 2-door True cooler		35, 36
			Cooked chicken, walk-in cooler		32
			Salad bar: broccoli salad, pudding, crab salad, rice pudding		36, 37, 35 34
			Fruit bar: cantaloup		40-41
			Hot bar: stuffed mushrooms		144 to 158

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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	<p>All priority items noted on the September 30, 2016 routine inspection have been corrected.</p> <p>NOTE: an area to remove ends and snap green beans was discussed. It is important food is protected from contamination by customers during preparation. It was agreed that the beans may be prepped in the dining room in an area that is closed to customers, and at a table that is not able to be approached by customers. Mr. Jiang stated the area enclosed by a half wall will be closed to customers during preparation of green beans, and table away from the half walls will be used.</p>		
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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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3-304.12B	<p>Handles of in-use scoops, stored in the bulk containers of rice and flour, were in contact with the food. Please store handles above surface of non-potentially hazardous food. CORRECTED ON SITE by removing scoops and replacing with clean scoops with handles above surface of food.</p>		
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EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Dian Jiang</i> Dian Jiang		Date: October 20, 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: