



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

TIME IN	11:00 am	TIME OUT	1:25 pm
DATE	August 5, 2015	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: Hardee's		OWNER: Hardee's Corporation		PERSON IN CHARGE: Jackie Medlock	
ADDRESS: 1010 Highway K			ESTABLISHMENT NUMBER: 1820		COUNTY: 187
CITY/ZIP: Bonne Terre 63628		PHONE: (573)358-3369		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 _____					
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 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    N/O    N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT    N/O	Proper eating, tasting, drinking or tobacco use			<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    N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input type="checkbox"/> IN <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    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"/> 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>				<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"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<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 checked="" type="checkbox"/> OUT    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 checked="" type="checkbox"/> OUT    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		
		<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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 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>Jackie Medlock</i> Jackie Medlock		Date: August 5, 2015	
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: August 26, 2015



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

ESTABLISHMENT NAME Hardee's		ADDRESS 1010 Highway K	CITY /ZIP Bonne Terre 63628
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Ambient, burrito cold hold, bottom		40	Lettuce, burrito cold hold, top
Chopped Chicken, cold hold		35	Ground Beef, Burrito hot hold
Ground Beef, Burrito hot hold		166	Beans, Burrito hot hold
Beans, Burrito hot hold		178	Rice, Burrito hot hold
Cheese Dip, Burrito hot hold		188	Cheese, Burrito hot hold

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
----------------	----------------	-------------------	---------

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>			
2-304.14H	Employee was observed putting on gloves without first washing his hands. Employees shall wash hands before putting on clean single-use gloves. Please ensure employees know when to wash hands. CORRECTE ON SITE by discussion with manager and employee	COS	
5-203.14B	The vacuum breaker on the faucet of the mop sink was broken, and there was no backflow prevention device attached to the hose bibb. A garden hose was stored in the mop sink. Potable water shall be protected from contaminants. Please repair the faucet to have a working vacuum breaker, or install an American Society of Sanitary Engineering (ASSE) rated hose bibb vacuum breaker on the hose bibb.	8/15/15	
4-601.11A	Dried food observed on the blade of the table mount can opener, stored on the green rack by the walk-in cooler. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize after use. CORRECTED ON SITE by moving to 3-vat sink.	COS	
4-202.11A	One plastic prep table insert, stored on the green rack by the walk-in cooler, was badly crazed. Food contact surfaces shall be smooth and free of imperfections. Please discard. CORRECTED ON SITE by discarding container.	COS	
5-202.13	There was not an adequate air gap between the head of the spray hose and the rim of the 3-vat sink. Potable water shall be protected from contaminants. Please provide an air gap that is at least 2 times the diameter of the discharge hose between the spray head and the rim of the sink.	8/15/15	

Code Reference	CORE ITEMS	Correct by (date)	Initial
----------------	------------	-------------------	---------

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>			
6-501.11	The handwashing sink in the bakery area was pulling away from the wall, and the caulk was broken. Please repair and replace caulk.	8/26/15	
4-601.11C	Accumulation of debris in the bottom of the burrito prep cooler. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean.		
4-601.11C	Grease build-up observed on the inside ledge and handle of the door of the taco hot-hold drawer stored next to the burrito hot hold table. Nonfood contact surfaces shall be clean as often as needed to keep clean. Please clean all surfaces of drawer.		
4-601.11C	Accumulation of debris observed inside the cabinet below the sandwich cold hold prep table. Nonfood contact surfaces shall be cleaned as often as needed to keep clean. Please clean.		
4-601.11C	Accumulation of grease in the cabinets of the deep fryers. Please clean as often as needed to keep clean.		
4-601.11C	Accumulation of debris in the bottom of the fry hot hold cabinet. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean as often as needed to keep clean.		
4-501.11A	According to manager, the igniter on the flat grill was not working. Equipment shall be maintained in good repair. Please repair igniter and replace front cover.		
4-601.11C	Accumulation of debris observed on the inside of the flat grill. Nonfood contact surfaces shall be cleaned as often as needed to keep clean. Please clean.		

EDUCATION PROVIDED OR COMMENTS

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: 	Jackie Medlock	Date: August 5, 2015
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: August 26, 2015



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

ESTABLISHMENT NAME Hardee's		ADDRESS 1010 Highway K		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient temperature Beverage Air		39	Deep Freezer		12
Cheese Cooler		38	Ambient temperature Upright 2 door freezer		11
Mushroom and Sauce, hot hold		166	Hamburger on broiler		175
Ambient, bakery cooler		40	Ambient, walk-in freezer		0
Ambient, walk-in cooler		40			

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
----------------	----------------	-------------------	---------

5-402.11A	The 3-vat sink was plumbed with a direct drain. A direct connection maynot exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed. Please provide indirect drain(s) for this sink.	8/26/15	JM
-----------	--	---------	----

Code Reference	CORE ITEMS	Correct by (date)	Initial
----------------	------------	-------------------	---------

4-601.11B	Numerous baking trays were observed encrusted with baked-on grease. Baking pans shall be kept free of encrusted grease deposits. Please clean or dispose of trays.	8/26/15	JM
4-601.11C	The ledges to hold trays on the mobile rack stored near the baking area had an accumulation of grease. Please clean as often as needed to keep clean.		
4-601.11C	The bakery area was in need of cleaning, especially the seals and insides of the cooler, tops and sides of equipment, and lids to containers of food. According to manager, the area is cleaned every four hours. Please pay special attention to cleaning the noted areas.		
4-601.11C	Accumulation of debris beneath shelves, behind water softener, and CO2 cylinders in the dry storage area. Physical facilities shall be kept clean. Please clean as often as needed to keep clean.		
5-205.15B	The handwashing sink near the bakery was slow to drain. Plumbing shall be maintained in good condition. Please determine cause for slow drainage and repair.		
5-502.11	An accumulation of trash bags and empty cardboard boxes observed by the back entry door. According to manager, the trash remains in the building overnight, and it is removed only after the breakfast service is completed. Trash shall be removed at a frequency to prevent its accumulation. Please take trash to dumpster more often, or provide trash receptacles that have tight fitting lids and made of durable, smooth, and cleanable material.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Jackie Medlock</i>		Jackie Medlock	Date: August 5, 2015
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: August 26, 2015



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

ESTABLISHMENT NAME Hardee's		ADDRESS 1010 Highway K		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Chicken, cold hold, breading area		39	Milk coating, breading area, cold hold		38
Front Ice Cream freezer, ambient		10	Front BEverage Air Cooler, ambient		34

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

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	Accumulation of debris observed on the floor and under shelves of the walk-in cooler. Please clean as often as needed to keep clean.	8/26/15	JM
6-501.12A	Accumulation of debris observed on the floor and under shelves of the walk-in freezer. Please clean as often as needed to keep clean.		
3-305.11A	Water from the handwashing sink by the baking area was observed splashing onto the adjacent prep table where single-use items are stored and where food is prepped. Food and single-use items shall be protected from contamination from splash. Please install a splash shield to protect the adjacent prep table and storage area from splash.		
5-205.15B	A leak was observed in the spray head of the 3-vat sink. Plumbing shall be maintained in good repair. Please repair leak.		
6-501.11	Broken tile observed near the breading area, and a missing and broken tile near the mop sink. Physical facilities shall be in good repair. Please repair and replace mising tiles.		
4-601.11C	Mold and debris observed on the seals of the cooler in the service area. Please clean and sanitize seals.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Jackie Medlock</i>	Jackie Medlock	Date: August 5, 2015
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: August 26, 2015