



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

TIME IN	8:31am	TIME OUT	11:10am
DATE	4-17-15	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: Jack in the Box		OWNER: Foodmakers, Inc.	PERSON IN CHARGE: Emily Clifford	
ADDRESS: 1208 North Desloge Road		ESTABLISHMENT NUMBER: 3577	COUNTY: 187	
CITY/ZIP: Desloge, 63601		PHONE: 573-431-5111	FAX: 573-431-5111	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input checked="" 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				
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____				
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-16338, Exp 8-31-15		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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input 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 checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	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				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 <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" 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	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"/>	<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					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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<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 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>Emily Clifford</i>		Emily Clifford		Date: April 17, 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: 5-1-15	



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ESTABLISHMENT NAME Jack in the Box		ADDRESS 1208 North Desloge Road		CITY /ZIP Desloge, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
McCall cooler #1 amb		40	McCall freezer #4 amb		0
McCall freezer #1 amb		0	McCall cooler #6 amb		36
McCall cooler #3 amb		38	Shake hopper		33
McCall cooler #2 amb		40	Smoothie hopper		37
McCall freezer #2 amb		10	Egg sandwich to order		199

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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
3-701.11A	Aproximately 1/4 pound of sliced American cheese was observed stored unwrapped and sitting on the bare rack inside the McCalls refrigerator #1. Food that is unsafe or adulterated shall be discarded. COS by voluntarily discarding cheese.	COS	[Handwritten signature]
4-601.11A	Both Sharp microwave ovens located in the kitchen were observed to have food debris on their upper interior surfaces. Food contact surfaces shall be clean to sight and touch. COS by cleaning.	COS	
4-601.11A	A food scoop stored in the clean utensil rack was observed with food debris on the food contact portion. Food contact surfaces shall be clean to sight and touch. COS by cleaning.	COS	
4-202.11A	A plastic container stored on the clean storage rack across from the 3-vat sink was observed to be cracked. Food contact surfaces shall be free of breaks, cracks, chips and similar imperfections. COS by discarding container.	COS	
4-601.11A	A hand cracked Nemco slicer was observed stored on the clean equipment rack across from the 3-vat sink with food debris on it's food contact surfaces. Food contact surfaces shall be clean to sight and touch. Please clean. COS by cleaning.	COS	
4-601.11A	A Saber tomato slicer was observed stored on the clean equipment rack across from the 3-vat sink with food debris on it's food contact surfaces. Food contact surfaces shall be clean to sight and touch. Please clean. COS by cleaning.	COS	
4-601.11A	A Saber tomato slicer was observed stored on the clean equipment rack across from the 3-vat sink with food debris on it's food contact surfaces. Food contact surfaces shall be clean to sight and touch. Please clean. COS by cleaning.	COS	

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). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
3-305.11A	Plastic containers of uncovered frozen chicken strips were observed within the McCalls freezer #1. Food shall be protected from contamination by storing where it is not exposed to splash, dust, or other contaminants. COS by covering.	COS	[Handwritten signature]
3-305.11A	Plastic container of uncovered frozen beef patties were observed within the McCalls Freezer #2. Food shall be protected from contamination by storing where it is not exposed to splash, dust, or other contaminants. COS by covering.	COS	
6-501.12A	Dirt and debris were observed accumulated under the drive through beverage counter. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean.		
3-305.11A	Condensation was observed dripping from the walk-in cooling unit onto bags of lettuce and fruit. Food shall be protected from contamination by storing where it is not exposed to splash, dust, or other contaminants. COS by moving produce and placing a tray under the drip.	COS	
6-501.12A	Dirt and debris was observed on the floor below the storage racks across from the 3-vat sink. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean.	5-1-15	
6-501.12A	Dirt, debris and mold was observed on the floor below the ice machine. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean.		
6-501.12A	Dirt, debris and cigarette butts were observed on the floor around the water conditioning tanks near the rear entry. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean.		
6-501.12A	Dirt, debris and cigarette butts were observed on the floor around the water conditioning tanks near the rear entry. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>[Signature]</i> Emily Cliford		Date: April 17, 2015
Inspector: <i>[Signature]</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: 5-1-15



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Walk-in cooler amb		40			
Walk-in freezer amb		10			
Cold Hold = Time as Pub Hth Ctrl.					
Ham, lettuce, sliced cheese		38,36,38			
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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.			Correct by (date)	Initial
4-601.11A	Mold was observed on the nozzle housing of the customer self-service soda fountain. Food contact surfaces shall be clean to sight and touch. Please clean.			5-1-15	<i>EC</i>
6-501.111 ABCD	<p>A live spider and webs were observed in the cabinets below the customer self-service soda fountain. The presence of insects and pests shall be controlled to minimize their presence on the premises. Control measures shall include: inspection of incoming supplies, inspection of the premises, using trapping devices or pest abatement services, and eliminating harborage conditions.</p> <p>Note: An eight foot by ten foot section of the north dining room wall was observed to be covered in plywood on the inside and outside. According to the manager on duty, Emily Clifford, a customer drove their car through the wall about two weeks ago. Inspection of the temporary repairs confirms that the premises are adequately sealed against the entry of pests at this point. Ms. Clifford does not know when completed repairs will be made to the wall.</p>			↓	↓
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). These items are to be corrected by the next regular inspection or as stated.			Correct by (date)	Initial
6-202.15A	Daylight was observed at the top right side of the north dining room entry door. Outer openings shall be protected against the entry of insects by providing a tight-fitting, self-closing door. Please repair the gap.			5-1-15	<i>EC</i>
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: <i>Emily Clifford</i>		Emily Clifford		Date: April 17, 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: 5-1-15