



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

TIME IN	10:34am	TIME OUT	12:55pm
DATE	5-4-16	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: Lady Queen		OWNER: David & Leah McCaulla		PERSON IN CHARGE: David & Leah McCaulla	
ADDRESS: 523 Center Street			ESTABLISHMENT NUMBER: 1502		COUNTY: 187
CITY/ZIP: Bismarck, 63624		PHONE: 573-734-2525		FAX: na	
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 checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-11039 exp 7-31-16		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		
	<b>Employee Health</b>			<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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <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"/> N/O <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)		
	<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 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 <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"/> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		<input checked="" type="checkbox"/>
		<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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:		David & Leah McCaulla		Date: May 4, 2016	
Inspector:		Telephone No. (573)431-1947	EPHS No. 1507	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Follow-up Date: 5-25-16					



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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Lady Queen		ADDRESS 523 Center Street	CITY / ZIP Bismarck, 63624	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Kenmore chest freezer		0	Hot Pointe refrigerator/freezer	
Woods freezer		5	Frigidaire cooler #2	
Kenmore freezer #1		8	Kenmore freezer #3	
Kenmore freezer #2		10	Ground beef for chilli	
Frigidaire cooler #1		32	Kenmore small freezer	

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
3-501.17A	Dates of disposition were not observed on containers of sliced tomato, diced tomato, American cheese not in its original packaging, and cut lettuce. Potentially hazardous foods held refrigerated shall be marked with the day or date, not to exceed six days, by which time the food will be sold, consumed, or discarded. COS by affixing discard dates to the foods.	COS	
7-204.11	The chlorine sanitizers in use in the three compartment sink and in food prep areas was measured at concentrations greater than 100 ppm. Chemical sanitizers shall be applied to food contact surfaces in concentrations that meet the requirement of the Food Code. COS by diluting the sanitizer to between 50 ppm and 100 ppm.	COS	
4-601.11A	Scale and debris was observed on the nozzle housing of the soda fountain in the kitchen area. Food contact surface shall be clean to sight and touch. Please remove accumulated scale and wash, rinse, and sanitize the area.	5-7-16	
4-601.11A	Food residue was observed on the upper interior surface of the small microwave in the kitchen. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the microwave interior. COS by washing, rinsing, and sanitizing.		
4-601.11A	Grease was observed dripping from the hood above the fryer in the kitchen. Food contact surfaces shall be clean to sight and touch. Please clean the hood to prevent contamination of food and food contact surfaces.		

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
6-202.11A	An unshielded incandescent light bulb was observed installed in the Hot Point refrigerator. In areas where food is stored, prepared, or served; light bulbs shall be shielded or shatter resistant. Please install a shatter resistant bulb in this location.	5-25-16	
4-601.11C	Food debris was observed in the stainless steel shelving used for clean equipment storage beside the grill. Non-food contact surfaces shall be kept free of and accumulation of dust, dirt, food residue and debris. COS by cleaning the shelving.	COS	
3-302.12	An unlabeled squirt bottle of water was observed stored on a shelf above the grill. Food removed from original packaging or that is not readily identifiable, shall be labeled with the common name of the food. COS by labeling the container.	COS	
6-501.12A	Grease and debris was observed on the kitchen floor below equipment and in the corners of wall/floor junctures. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean the floors throughout the kitchen area.	5-25-16	
6-501.11	Damaged ceiling tiles were observed in the kitchen and back room area. Physical facilities shall be maintained in good repair. Please replace broken, sagging and stained ceiling tiles to close points of entry for pests. Continue to monitor for additional staining, indicating possible roofing leaks.		

EDUCATION PROVIDED OR COMMENTS

Person In Charge / Title: 	David & Leah McCaulla	Date: May 4, 2016
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: 5-25-16



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ESTABLISHMENT NAME Lady Queen		ADDRESS 523 Center Street		CITY /ZIP Bismarck, 63624	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Woods freezer		20			
Soft serve hopper #1 & #2		35, 33			
Burger from grill		179			

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
6-501.111 ABCD	Rodent droppings were observed on the floor behind the curtained area located beside the grill. The presence of insects and rodents shall be controlled to minimize their presence on the premises. Control measures shall include: inspection of incoming shipments of food, inspecting the premises for evidence of pests, using abatement methods such as traps or professional services, and eliminating harborage conditions and points of entry. Please remove evidence of pests and take action to minimize their presence on the premises.	5-25-16	
6-501.111 ABCD	Spider webs were observed at wall/ceiling junctures in the storage/furnace room adjacent to the rear entry. The presence of insects and rodents shall be controlled to minimize their presence on the premises. Control measures shall include: inspection of incoming shipments of food, inspecting the premises for evidence of pests, using abatement methods such as traps or professional services, and eliminating harborage conditions and points of entry. Please remove evidence of pests and take action to minimize their presence on the premises.		
Note:	According Mr. & Mrs. McCaulla, they are planning on discontinuing ownership and operation of the Lady Queen business. The business will be owned and operated by their business partner, Mr. Mark Williams. Please notify the St. Francois County Health Department when this transition occurs. Also, please be further advised that before beginning an extensive renovation of an existing food establishment, the operator must obtain written approval from the local regulatory health authority.		

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6-301.12	Paper towels located in the facility restroom were not available via a dispenser. Handwashing sinks shall be provided with a sanitary means of hand drying. Please install a paper towel dispenser at this location.	5-25-16	
6-202.14	The facility restroom door was not self-closing. A toilet room located on the premises shall be completely enclosed and provided with a tight-fitting and self-closing door. Please provide a self-closing mechanism on the restroom door.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge Title:	David & Leah McCaulla	Date:	May 4, 2016
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:	5-25-16