



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

TIME IN	11:03 AM	TIME OUT	12:36 pm
DATE	May 26, 2015	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 Queene	OWNER: David and Leah McCaulla	PERSON IN CHARGE: David McCaulla
ADDRESS: 523 Center Street	ESTABLISHMENT NUMBER: 1502	COUNTY: 187
CITY/ZIP: Bismarck 63624	PHONE: (573)734-2525	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 type="checkbox"/> Not Applicable License No. 187-11039 exp 7/31/15	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 N/O N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT 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				Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT 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 N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT 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		
		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 type="checkbox"/>	<input checked="" 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Fruits and vegetables washed before use	<input checked="" type="checkbox"/>		<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: <i>David McCaulla</i> David McCaulla	Date: May 26, 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: June 16, 2015



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ESTABLISHMENT NAME Lady Queene		ADDRESS 523 Center Street		CITY /ZIP Bismarck 63624	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, Kenmore chest freezer		0	Hamburger, grill		171
Ambient, Woods freezer		0	Ambient, short Kenmore freezer		5
Ambient, tall Kenmore freezer		10	Chocolate soft serve mix, hopper		41
Vanilla soft serve mix, hopper		41			

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
7-204.11	The chlorine concentration in the sanitizer solution in the 3-vat sink was greater than 200 ppm. Sanitizers shall have a chlorine concentration between 50 and 100 ppm. Please use test strips to ensure sanitizer solutions have the correct chlorine concentration. COS by remaking solution	COS	RI
7-201.11	A can of Febreze and a tube of Dermasil was stored with single-use items on the shelf below the customer order counter. Toxics and chemicals shall be stored separately from or below food, single-use items, clean equipment and clean linens. Please store chemicals in a designated location where these items cannot be contaminated. CORRECTED ON SITE by moving to shelf with chemicals.	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
6-202.14	The bathroom door was not self-closing. Please install a device to make the bathroom door fully self-closing.	6-16-15	dh
4-601.11C	Accumulation of debris observed in bathroom sink cabinet. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean.	6-16-15	
3-305.11A	Frost accumulation observed inside the Kenmore chest freezer. Food shall be protected from ice. Please defrost as often as needed.	6-16-15	
4-601.11C	Debris observed on the lids of plastic containers holding cones for ice cream. Please clean as often as needed to keep clean.	5-28-15	
4-601.11B	Cooked-on food observed on the grates of the two Fusion ovens. Food contact surfaces of cooking equipment shall be kept free of encrusted grease deposits and other soil accumulations. Please clean as often as needed to keep clean.	5-28-15	
3-302.15A	According to owner, bananas are not washed prior to peeling. Produce shall be washed prior to cutting, cooking, or serving to be eaten whole. Please wash all produce. COS by discussion	COS	
3-305.11A	Accumulation of frost observed inside the tallest Kenmore freezer. Food was stored on frost-encrusted shelves. Please defrost to protect food from ice and to allow circulation of air.	6-16-15	
3-305.11A	Accumulation of frost observed inside the Woods freezer. Please defrost to protect food from contact with ice.	6-16-15	

EDUCATION PROVIDED OR COMMENTS

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Inspector: *Rose Mier* Rose Mier Telephone No. (573)431-1947 EPHS No. 1390 Follow-up: Yes No Follow-up Date: June 16, 2015



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, freezer, kitchen		5	Ambient, freezer, kitchen		5
Ambient, freezer, kitchen		10	Ambient, cooler, kitchen		25
Chicken, fryer		205, 196	Ambient, refrigerator/freezer, kitchen		0/38
Ambient, Frigidaire dessert cooler					

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4-601.11C	Accumulation of grease observed on the hood and pipes under the hood over the deep fryers next to the microwave ovens. Please clean as often as needed to protect food from drippage of grease.	6-2-15	
3-501.17A	Slaw stored in the refrigerator was labeled with the day of opening. Please label potentially hazardous, ready-to-eat food with a 7-day discard day (day of opening or preparing plus an additional six days). CORRECTED ON SITE by relabeling with discard date	COS	ll
4-601.11C	Accumulation of grease on drawers below flat grill (outside surfaces, under handles, inside surfaces). Please clean as often as needed to keep clean.	6-2-15	
4-101.19	A plastic container inside the Hotpoint refrigerator was broken. Food equipment shall be in good repair. Please dispose of container.	6-2-15	
3-305.11A	Accumulation of frost inside the Woods freezer in the kitchen. Please defrost.	6-16-15	
4-204.112 A	A thermometer was not found in the Hotpoint refrigerator in the kitchen. Refrigerated units shall have a thermometer placed in a convenient to read location in the warmest part of the cooler. Please install a thermometer.	6-2-15	
6-202.15A	The back entry door was not self-closing. Entry doors shall be self-closing and sealed. Please install a device to make this door self-closing.	6-16-15	

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