



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

TIME IN	10:45 am	TIME OUT	1:05 pm
DATE	May 1, 2015	PAGE	1 of 5

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: Little Caesar's Pizza		OWNER: Dan Combs		PERSON IN CHARGE: Amanda Politte	
ADDRESS: 1137 North Desloge Drive			ESTABLISHMENT NUMBER: 0129		COUNTY: 187
CITY/ZIP: Desloge 63601		PHONE: (573)431-0808		FAX: (573)756-0788	
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 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    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 type="checkbox"/> IN <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 checked="" type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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 checked="" 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: <i>Amanda Politte</i> Amanda Politte		Date: May 1, 2015	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: Follow-up Date: May 15, 2015 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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

ESTABLISHMENT NAME Little Caesar's Pizza		ADDRESS 1137 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Pizza, oven		211	Ham, prep table, top		32
Sausage, prep table, top		33	Cheese, prep table, top		41
Hamburger, prep table, top		29	Peperonni, prep table, top		41
Ambient, prep table, bottom		36	Chicken wings, oven		209
Ambient, hot hold cabinet		138			

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
4-601.11A	Accumulation of splatters and debris observed around the housing of the soda dispenser nozzles. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize area around nozzles daily.	5/1/15	ASD ↓
4-601.11A	Accumulation of debris observed on the shaker and its lid holding cornmeal. Please wash, rinse, and sanitize container daily.	5/1/15	
4-601.11A	Accumulation of dried food splatters observed in the microwave above the pizza prep table. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize a minimum of every four hours while in continual use, or after each use if used less than every four hours.	5/1/15	

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
6-304.11	The mechanical vent in the bathroom did not appear to be working. Ventilation shall be provided in bathrooms. Please repair or replace fan.	5/15/15	ASD ↓
6-501.18	The handwashing sink in the bathroom was dirty. Plumbing fixtures shall be cleaned as often as needed to keep clean. Please clean frequently.	5/1/15	
6-202.14	The door to the bathroom did not fully self-close. Bathroom doors shall be tight-fitting and self-closing. Please adjust to make the door fully self-closing.	5/15/15	
6-501.18	The handwashing sink in the front of the kitchen was dirty. Please clean as often as needed to keep clean.	5/1/15	
6-501.12A	Debris accumulation on floor around and under equipment throughout the establishment. Physical facilities shall be cleaned as often as needed to keep clean. Please clean floor in all areas thoroughly.	5/15/15	
4-601.11C	Accumulation of debris observed on the open-wire rack and many of the containers held on the rack, located by the pizza oven. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean.	5/15/15	
3-305.11A	Paint was peeling on the underside of the hood, potentially contaminating food with paint chips. Please repair hood to prevent food contamination.	5/15/15	
6-501.12A	Accumulation of dust and debris on pipes and cords behind pizza oven. Please clean as often as needed to keep clean.	5/15/15	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Amanda Politte</i> Amanda Politte		Date: May 1, 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: May 15, 2015



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

ESTABLISHMENT NAME Little Caesar's Pizza		ADDRESS 1137 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION Water, in-use utensil container		TEMP. in ° F 72	FOOD PRODUCT/ LOCATION Ambient, walk-in cooler		TEMP. in ° F 40

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
----------------	---	-------------------	---------

3-304.12F	In-use utensils were stored in a container of water at 72F above the pizza-prep table. In-use utensils shall be stored in water at 135F or higher, OR on a surface that is cleaned and sanitized at least every four hours, OR in the food with the handle above the surface of the food. Please store in-use utensils using one of the approved methods to prevent growth of pathogens.	5/1/15	AP
5-205.11B	Large pieces of food debris was observed in the handwashing sink closest to the dough press. Handwashing sinks shall be used only for handwashing. Please clean sink and use only for handwashing.	5/1/15	
6-301.12	There were no disposable towels available at the handwashing sink closest to the dough press. Hand drying provisions shall be provided at handwashing sinks at all times. Please keep dispenser filled.	5/1/15	
4-601.11C	Accumulation of debris observed on the soap and towel dispensers at the handwashing sink closest to the dough press. Please clean as often as needed to keep clean.	5/3/15	
6-501.12A	The FRP board around the handwashing sink was stained with splatters. Please clean as often as needed to keep clean.	5/15/15	
6-501.12A	Debris and spills observed on the floor beneath the shelves in the walk-in cooler. Please clean as often as needed to keep clean.	5/15/15	
6-501.12A	Accumulation of dust noted on the grates over the fans of the condenser unit in the walk-in cooler. Please clean as often as needed to reduce contamination from dust.	5/3/15	

EDUCATION PROVIDED OR COMMENTS			

Person in Charge /Title: <i>Amanda Politte</i> Amanda Politte		Date: May 1, 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: May 15, 2015



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

ESTABLISHMENT NAME Little Caesar's Pizza	ADDRESS 1137 North Desloge Drive	CITY /ZIP Desloge 63601
---	-------------------------------------	----------------------------

FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Ambient, Northland freezer	10		

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 C,D	Small flying insects observed in the mop sink. Pests shall be controlled to minimize their presence in the facility. Please remove habitat by hanging wet mops, placing linens in laundry or drying, and cleaning mop sink and mop bucket after use and begin use of an approved method of treatment.	5/15/15	
------------------	---	---------	--

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
----------------	---	-------------------	---------

3-305.11A	Pizza dough was stored on racks in the walk-in cooler. The top trays were not covered. Please protect dough by covering the top of each rack.	5/1/15	
4-601.11C	Accumulation of debris on the scale, food processor, and pan stored on the shelf beneath the work table next to the dough roller. Please clean as often as needed to keep clean.	5/3/15	
4-601.11C	Accumulation of debris on the inside of the drawer of the table next to the dough roller. Please clean as often as needed to keep clean.	5/3/15	
6-501.11	Several stained ceiling tiles observed throughout the facility. Facility shall be maintained in good repair. Please ensure there are no leaks, then either paint or replace the tiles.	5/15/15	
6-501.11	Ceiling tile missing next to wall above walk-in cooler. Please seal to reduce pest entry points.	5/15/15	
4-601.11C	Accumulation of dried dough on around the handle and outside surfaces of the floor dough mixer. Please clean all surfaces after use.	5/3/15	
4-601.11C	Accumulation of dried debris on the outside surfaces of the dough roller. Please clean all surfaces after use.	5/3/15	
6-501.16 6-501.18	Accumulation of debris observed in the mop sink and mop bucket. In addition, wet mops and cloths were stored in the mop sink. Plumbing fixtures shall be clean. Mops and linens shall be hung to dry. Please clean mop sink and mop bucket after use, hang mops and linens to dry (or place in laundry).	5/1/15	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:	Amanda Politte	Date: May 1, 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: May 15, 2015



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

ESTABLISHMENT NAME Little Caesar's Pizza		ADDRESS 1137 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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
4-702.11	The concentration of sanitizer in the 3-vat sink was approximately 100 ppm. According to manufacturer's label, the target concentration is 200 ppm. Food contact surfaces shall be sanitized after cleaning and before use. Please use sanitizer test strips to ensure the correct concentration of sanitizer is used in solutions. Replace solution when soiled or no longer reads 200 ppm when tested. NOTE: The concentration of sanitizer tested 200 ppm when checked at the hose outlet. Please replace sanitizer solution in buckets and sink when the concentration falls below 200 ppm. NOTE: the solution was replaced with fresh sanitizer in the sink.	5/1/15	ASW
4-601.11A	Mold observed growing on the inside of the ice maker. Please remove ice, wash, rinse, sanitize, and air dry before returning to service.	5/3/15	
4-601.11A	Debris accumulation observed on the ice scoop stored in the ice inside the ice maker. Please wash, rinse, and sanitize daily. Inspect for cleanliness after cleaning.	5/1/15	

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
4-601.11C	Mold observed at the top seal line on the frame of the Northland freezer. Please wash, rinse, and sanitize to reduce mold growth. Clean top of freezer.	5/15/15	ASW
6-501.12A	Dust accumulation observed on the pipes of the water heater. Please clean as often as needed to keep clean.	5/15/15	
4-601.11C	Dust accumulation observed on the portable radio, stored on the water heater. Please clean.	5/15/15	
4-601.11C	Accumulation of debris on the wire rack next to the Northland freezer. Please clean as often as needed to keep clean.	5/15/15	
6-202.15A	Daylight observed around frame of door of outside storage building. Please seal to reduce pest and debris entry.	5/15/15	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Amanda Politte</i>	Amanda Politte	Date: May 1, 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: May 15, 2015