



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

TIME IN	10:29 am	TIME OUT	12:50 pm
DATE	March 9, 2016	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: McDonald's	OWNER: David Kirkhoff	PERSON IN CHARGE: Racheal Rawson
ADDRESS: 411 North State Street	ESTABLISHMENT NUMBER: 792	COUNTY: 187
CITY/ZIP: Desloge 63601	PHONE: (573)431-1900	FAX: (573)431-0500
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Other Risk Factor Study 187		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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. 187-13355, exp. 3/31/16	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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input 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/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)		
	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 <input type="checkbox"/> N/O <input 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 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"/> QVT	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 <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 type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>		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 type="checkbox"/> IN <input checked="" type="checkbox"/> QVT <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		
		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 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 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 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>Racheal Rawson</i> Racheal Rawson	Date: March 9, 2016
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: March 16, 2016	



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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME McDonald's		ADDRESS 411 North State Street		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Salad, yogurt, under cooler in service line		38, 30	Ambient, under cooler in service line		31
Milk and ambient, McCafe cooler		39, 38	Yogurt and ambient, Frappe cooler		41, 38
Shake mix, hoppers		38, 34	Yogurt and ambient, drive-up cooler		37, 30
Cut tomatoes, cold hold drawer		41	Ambient, salad in under counter cooler, cook line		33, 39
Chicken nuggets, deep fryer		191, 208, 199	Ambient, wall freezer by deep fryers		0

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

NOTE	TEMPERATURES, continued, in degrees Fahrenheit: Hot hold drawers: sausage 172; hamburger 177; chicken 168; fish 150; cheese sticks 174 Hamburgers, grill: 162, 170, 166 Ambient, meat freezer by grill: 12		RR
7-102.11	A squeeze bottle with clear liquid was stored in the cabinet beneath the customer soda dispenser. The bottle was labeled with a commercial sanitizer/cleaner. According to the manager, the liquid was chlorine sanitizer that was mixed on-site, not the original contents. Working containers of chemicals shall be labeled with the common name of the contents. Please correctly label all working containers of chemicals. CORRECTED ON SITE by labeling	COS	RR
4-702.11	There was no chlorine detected in the squeeze bottle of sanitizer used to sanitize the nozzles of the customer soda dispenser. Please use sanitizer test strips to ensure correct concentration of sanitizer is used (50 to 100 ppm chlorine. CORRECTED ON SITE by emptying bottle and discussion with manager	COS	
4-601.11A	Mold observed on the dispensing nozzles and housing of the customer soda dispenser. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize, and air dry nozzles and housing daily.	3/9/16	
4-601.11A	Mold observed on the inside surfaces of the fries bins (freezer dispenser). Please scrub bins, then rinse and sanitize daily.	3/10/16	
4-601.11A	Debris observed on all surfaces of the ice porter, stored on top of the ice maker. Please scrub all surfaces, then rinse and sanitize daily. CORRECTED ON SITE by cleaning ice porter	COS	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

6-501.14A	Accumulation of dust observed on the grates of the mechanical vents in the men's and women's bathrooms. Ventilation systems shall not be source of contamination. Please clean. CORRECTED ON SITE by cleaning vents	COS	RR
4-501.11A	Accumulation of clear liquid observed in the bottom of the under cooler in the service line. Please determine source of liquid and repair cooler. Please keep cooler dry until repair is made.	3/16/16	
4-601.11C	Accumulation of debris observed under the edges of the microwaves near the office door. Please clean nonfood contact surfaces as often as needed to keep clean. CORRECTED ON SITE by cleaning	COS	
4-204.112	There was no thermometer in the 2-door breakfast cooler. Accurate thermometers shall be placed in a convenient-to read location in the warmest part of coolers. Please install thermometer. CORRECTED ON SITE by installing thermometer	COS	
3-305.11A	Ice was accumulating on the ceiling and dripping onto the floor in the walk-in freezer. Please keep ice cleaned up and protect food packaging from drippage. Repair unit to prevent this ice accumulation.	3/16/16	
5-205.15B	Leaks were observed beneath two of the vats of the 3-vat sink. Plumbing shall be maintained in good condition. Please keep floor dry and repair leaks.	3/16/16	
6-501.14A	Accumulation of dust observed on the grates over the fans of the condensing units in the walk-in cooler. Please clean grates as often as needed to keep clean.	3/16/16	

EDUCATION PROVIDED OR COMMENTS

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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: March 16, 2016



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ESTABLISHMENT NAME McDonald's		ADDRESS 411 North State Street		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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
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NOTE	Temperatures, in degrees Fahrenheit, continued: 4-door Traulsen cooler: ambient 38; cut lettuce 40; raw shell egg 36; burrito mix 32 2-door breakfast cooler: ambient 39; cooked eggs 39; burritos 41 Walk-in cooler: ambient 39; cut lettuce 41; ice cream mix 40 Ambient, walk-in freezer 0 Fish, deep fryer 161, 167		RR
4-601.11A	Debris observed on the blade and housing of the table-mount can opener. Please wash, rinse, and sanitize after use. CORRECTED ON SITE by moving blade to wash, rinse, sanitize and cleaning housing	COS	RR
4-202.11A	A rubber spatula, hanging on the wall in the prep area, was marred and stained. Food contact surfaces smooth and free of imperfections. Please dispose. CORRECTED ON SITE by disposing of spatula	COS	
3-302.11A	Raw eggs and raw bacon were stored above ready-to-eat food in the breakfast cooler. Raw foods shall be stored below ready-to-eat and fully-cooked foods to prevent cross contamination. CORRECTED ON SITE by moving raw foods to Traulsen 4-door cooler.	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
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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: March 16, 2016