

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

10:10 am	TIME OL	JΤ	12:1	I6 pm
DATE March 16, 2017	PAGE	1	of	4

WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS. ESTABLISHMENT NAME: Mickual and Shelly Miller ADDRESS: 1601 St. Francois Road CTTY/ZIP: Bonne Terre 63628 PHONE: (573)358-5552 FAX: (573)438-7343 P.H. PRIORITY: H M L ABAKERY RESTABLISHMENT NUMBER: 4480 CUNTY: St. Francois (187) CTY/ZIP: Bonne Terre 63628 PHONE: (573)358-5552 FAX: (573)438-7343 P.H. PRIORITY: H M L M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHONE: (573)358-5552 FAX: (573)438-7343 P.H. PRIORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHONE: (573)358-5552 FAX: (573)438-7343 P.H. PRIORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHONE: (573)358-5552 FAX: (573)438-7343 P.H. PRIORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHONE: (573)358-5552 FAX: (573)438-7343 P.H. PRIORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (187) PHORITY: H M M L BAKERY RESTABLISHMENT NUMBER: 4480 COUNTY: BAKERY RESTABLISHMENT NUMB	EXT ROUTINE INSPECT	ON THIS DAY, THE ITEMS NOTE FION, OR SUCH SHORTER PERI FOR CORRECTIONS SPECIFIED	OD OF TIME AS M	1AY BE S	SPEC	IFIED I	N WRIT	TING BY T	HE REGU	JLATORY AUTHORITY			
CITYZIP: Bonne Terre 63628	STABLISHMENT NA Miller's Quick Shop		OWNER:			02.	5071110			PERSON IN CH Crystal Marler			
STATURANT SCHOOL SENIOR CENTER SUMMER F.P. GROCERY STORE INSTITUTION MOBILE VENDORS PERPOSE PERPOSE PRE-Opening Routine Follow-up Complaint Other SEWAGE DISPOSAL PUBLIC Date Sampled Results PUBLIC Date Sampled Results PUBLIC Date Sampled Results PUBLIC PRIVATE Date Sampled Results PUBLIC Date Sampled Results PUBLIC PRIVATE Date Sampled PRIVATE Date Sampled Results PUBLIC Date Sampled Results PUBLIC Date Sampled PRIVATE PRIVATE Date Sampled PRIVATE Date Sampled Results PUBLIC Date Sampled Results PUBLIC PRIVATE Date Sampled PRIVATE Date Sampled PRIVATE Date Sampled Results PUBLIC PRIVATE Date Sampled PRIVATE Dat	ADDRESS: 1601 St. Francois Road					ESTABLISHMENT NUMBER: 4480 COUNTY: St. Francois (1			rancois (187)	87)			
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Pre-opening	☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI			LI MMER F.	Р.		GROCE	RY STOR	E \square		MOBILE VE	ENDORS	;
Approved Disapproved Not Applicable License No. PRIVATE PRIVATE Date Sampled Prevention as contributing factors in foodborne illness or injury. Compliance Proper inch food prevention as contributing factors in foodborne illness or injury. Proper cooking, time and temperature Proper cooking, time and temperature Proper cooking, time and temperatures Proper cooking, time and temperatures Proper cooking, time and temperatures Proper Good Hygienic Practices Proper to holding temperatures Proper Good Hygienic Practices Proper to holding temperatures Proper Good Hygienic Practices Proper date marking and disposition Proper Good Hygienic Proper Good Hygienic Proper date marking and disposition Proper Good Hygienic Prop		■ Routine □ Follow-up	☐ Complaint	☐ Othe	er								
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 DuT Person in charge present, demonstrates knowledge, and performs duties Employee Health In DuT Management awareness; policy present In DuT Proper use of reporting, restriction and exclusion Good Hygienic Practices DuT NO No discharge from eyes, nose and mouth Proper eating, tasting, drinking or tobacco use Preventing Contamination by Hands Preventing Contamination by Hands Preventing Contamination by Hands Consumer Advisory Approved Source Approved Source Prod in good condition, safe and unadulterated Results Prolet sampled Results Results Results Prolet collenges Control and Prevention as contributing factors in foodborne lilness or injury. Compliance Compliance Potentially Hazardous Foods Cos Cos Potentially Hazardous Foods Cos Proper cocking, time and temperature In DuT N/A Proper reheating procedures for hot holding lemperatures In DuT N/A Proper coling time and temperatures In DuT N/A Proper coling time and temperature Consumer advisory Consumer Advisory Consumer Advisory Consumer Advisory Pasteurized foods used, prohibited foods not offered In DuT N/A Proper coling time and temperature In DuT N									NON CO				
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Management awareness; policy present	a		h						Proper r	reheating procedures for	r hot holding		+
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IN OUT N/O A Required records available: shellstock tags, parasite destruction Required records available: shellstock tags, parasite destruction Compliance with approved Specialized Process and HACCP plan	N OUT NO N/A.	Food received at proper temperati	ure			IN	QVT			bstances properly ident	ified, stored and		
IN DUI N/O MA destruction IN DUI N/O And HACCP plan	3,												
Protection from Contamination			tock tags, parasite			IN	OUT	MA			cialized Process		
			mination	4	-	┨							
inspection			√				the left of	r each item	n indicates that item's si	tatus at the time	of the		
IN OVT N/A Food-contact surfaces cleaned & sanitized IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed	IV SOP I IV/A					ļ '							
Proper disposition of returned, previously served, reconditioned, and unsafe food N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item											ı		
GOOD RETAIL PRACTICES				OOD RET	TAIL I	PRACT	ICES						
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			tive measures to co			7		ogens, ch			foods.	200	В
IN OUT Safe Food and Water COS R IN OUT Proper Use of Utensils COS R ✓ Pasteurized eggs used where required In-use utensils: properly stored				003	К	IIN		In-use u				003	K
Water and ice from approved source Utensils, equipment and linens: properly stored, dried,	Water an							Utensils			stored, dried,		
Food Temperature Control In Single-use/single-service articles: properly stored, used		Food Temperature Contro	bl						se/single-s	service articles: properly	v stored, used		
Adequate equipment for temperature control Gloves used properly		te equipment for temperature cont				V			used prope	erly			
Approved thawing methods used Utensils, Equipment and Vending Thermometers provided and accurate Food and nonfood-contact surfaces cleanable, properly	Thormon	<u>_</u>					_	Food an					
designed, constructed, and used		·				_		designe	d, construc	cted, and used			
Food Identification Warewashing facilities: installed, maintained, used; test strips used		Food Identification					\checkmark			lities: installed, maintain	ed, used; test		
Food properly labeled; original container Nonfood-contact surfaces clean	✓ Food pro			/			√						
Prevention of Food Contamination Physical Facilities Insects, rodents, and animals not present Hot and cold water available; adequate pressure	/ Insects							Hot and	cold water		essure		-
Contamination prevented during food preparation, storage Plumbing installed; proper backflow devices	Contamir						\equiv						
Borronal deadliness clean outer dething heir restraint Source and westowater properly disposed	— And displ		. hair restraint			+	\equiv	Sewane	and waste	ewater properly dispose	ed		
fingernails and jewelry	fingernai	ills and jewelry	,				\square	ŭ					
Wiping cloths: properly used and stored Wiping cloths: properly used and stored Garbage/refuse properly disposed; facilities maintained Garbage/refuse properly disposed; facilities maintained						-	<u> </u>						
Physical facilities installed, maintained, and clean		^					1						
Person in Charge /Title: Date: March 16, 2017	Person in Charge /Title	B: 7 / C	- XX -	Cry	stal l	Marler				Date: March 16, 2017	,		
Inspector: Telephone No. EPHS No. Follow-up: Yes No	Inspector:		-cer		Те	lephor	ne No.		S No. F			ΠN	0
Rose Mier (573)431-1947 1390 Follow-up Date: March 24, 2017	· OF	De Mer		- OWNED	(5	73)43	31-194		F		ch 24, 2017		E6.37



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 2 of 1													
ESTABLISHMEN Miller's Quick		ADDRESS 1601 St. Francois R	Road		CITY/ZII Bonne	P Terre 63628							
FO	OD PRODUCT/LOCATION	TEMP. in ° F		FOOD PRODU	JCT/ LOCAT	ION	TEMP. ir	۱°F					
			Aml	oient, Frigidaire	tor/freezer	38/3	3						
	Pizza prep cooler, top: pepperoni, hamburger, saus							35					
	Pizza prep cooler, bottom: ambient												
Code	PRIORITY ITEMS												
Reference	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.												
	KITCHEN												
7-202.12A													
1 202.12/	kitchen. These insecticides are not approved for use in a food establishment. Please remove												
	from facility.	о от арр. о . о а						,					
4-601.11A		od contact surfac	ces of the L	ncoln InstaCut	t, stored o	n shelf above	3/16/17						
	3-vat sink. Food contact surf	aces shall be cle	an to sight	and touch. Ple	ease wash	, rinse, sanitize,							
	and inspect all parts of the cu												
4-601.11A							3/16/17	\					
7-201.11B	· ·						cos)					
3-304.12C	or below clean equipment. P Food tongs, stored on the						3/16/17						
0-00 4 .120	shall be washed, rinsed, and						0/10/17						
	135F or above. Please begin)					
	room temperature every four			, ,		J							
3-302.11A	Raw chicken was store						COS						
	animal-derived products shall be stored separately from or below all other food. CORRECTED												
	ON SITE by placing cheese in door shelf.												
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.												
5-501.113	Trash was overflowing in	the outside trash	receptacle,	preventing lid	closure.	Lids shall be	3/24/17	-h					
	closed on outside trash dump					if needed to	(" اب					
	prevent trash build-up. NOTE							/					
5-501.15	A trash can outside the fro	•			sh recepta	acles shall have	3/24/17						
4-204.112	lids. Please use outside tras Thermometers were not fo				or Thorma	amatara ahall ha	3/24/17						
4-204.112 A	placed in a convenient-to-rea						3/24/17						
, \	thermometers where they ca												
4-601.11C	,						3/24/17	\					
	surfaces shall be cleaned at							\					
	and inside drawers.	_						\					
4-903.11A	•		ere dirty. C	lean equipmer	nt shall be	protected from	3/17/17						
1 004 440	contamination. Please clean		و المسامين	und nimb Di	نتناء ممم	ata a l	3/24/17						
4-601.11C 3-302.12													
3-302.12													
	lifet casily identified shall be t	aboled with the h	iamic of the	100d. 000 by	labeling i	Jottio.		\					
			DD 01		EDUCATION PROVIDED OR COMMENTS								
		EDUCATION	PROVIDED O	R COMMENTS									
		EDUCATION	PROVIDED O	R COMMENTS									
Percaning	narge /Title:	EDUCATION				Date:							
Personing	narge /Title:	EDUCATION		/stal Marler		Date: March 16, 20							
Person in Gr	narge /Title:	EDUCATION Rose M	Cr		EPHS No.	Date: March 16, 20 Follow-up: Follow-up Date: Ma	■Yes	□No					



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN Miller's Quick								
FO	DD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION					
Ambient	, Monster beverage cooler	38	Creamer, dis	spenser	38, 3	88		
	t, chest ice cream freezer	0	Pizza cabinet: ambi	152, 135				
	ient, dippin dots freezer	0		Chicken, deep fryer				
An								
Am	Ambient, walk-in freezer 8							
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.							
4-601.11A	RETAIL Calcium buildup, mold, and debris observed on the housing of the soda nozzle dispensers (not the nozzles, but the areas behind and around them), and on the water levers. Please wash, rinse, and sanitize all areas around soda dispenser nozzles and levers.							
Code Reference	Core items relate to general sanitation, operandered operation procedures (SSORs)	erational controls, facilit			Correct by (date)	Initial		
4-903.11A								
4-501.11A	this unit was being held by time. A log was used to chart the time the food was placed in the unit and the time it was to be removed (3 hours). The ambient temperature was 180F on the left side, but 98F on the side where the door was broken. There was no food held in this side of the unit. Please continue to use time for all food placed in this unit until it is repaired.							
4-501.11B								
4-302.14	Sanitizer test strips were not available. Test strips shall be supplied to check the concentration of sanitizer in solutions. Please supply and use test strips at least daily to ensure sanitizer							
6-501.14A	solutions are at the correct concentration (for chlorine bleach solutions, 50 to 100 ppm) A Dust observed on the portable fan, stored on shelf above 3-vat sink. Ventilation systems shall not be a source of contamination. Please clean all surfaces of fan and blades as often as needed to keep clean.							
		EDI ICATION I	PROVIDED OR COMMENTS					
NOTE: foo	d thermometer was checked f							
\wedge								
Person in Charge Tie: Date: March 16, 201								
Inspector: Rose Mier Telephone No. EPHS No. Follow-up: (573)-431-1947 1390 Follow-up Date: Mar								



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE ⁴ of ⁴

ESTABLISHMENT Miller's Quick		ADDRESS 1601 St. Francois Ro	pad	CITY/ZIP Bonne Terre 63628		
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F			
Code		PRIO	RITY ITEMS		Correct by	Initial
Reference	Priority items contribute directly to the el or injury. These items MUST RECEIVE	imination, prevention or re	eduction to an acceptable level, hazards a	ssociated with foodborne illness	(date)	
Code Reference		perational controls, faciliti	RE ITEMS es or structures, equipment design, gene corrected by the next regular inspectic		Correct by (date)	Initial
6-501.14A 4-903.11A 6-501.12A 4-601.11A	RETAIL, BATHROOM, STO Accumulation of dust on t not be a source of contamina Single-use cups and sing items shall be stored a minin elevated. Spills and debris obser cleaned at a frequency to pre	PRAGE he grate over the value. Please clea le use boxes were num of six inches oved under some over the debris accur edges and door cre	vent fan in the bathroom. Ven vent as often as needed to stored on the floor in the stored for the floor. Please keep all of the shelves in the walk-in conclusion. Please clean under evices of ice cream chest free expressions.	ntilation systems shall keep clean. rage room. Single-use single-use items poler. Facility shall be shelves.	3/24/17 3/13/17 3/24/17 3/24/17	
Person in Ch	grge /Title:	100	Crystal Marler	Date: March 16, 20		
Inspector:	Pose mun	Rose Me	Telephone No. EP (573)431-1947 1390	HS No. Follow-up:) Follow-up Date: Ma	Yes rch 24, 2017	□No

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