



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

TIME IN	12:42 pm	TIME OUT	2:45 pm
DATE	March 31, 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: Miller's Quick Shop		OWNER: Mickual and Shelly Miller	PERSON IN CHARGE: Shelly Miller	
ADDRESS: 1601 St. Francois Road		ESTABLISHMENT NUMBER: 4480	COUNTY: 187	
CITY/ZIP: Bonne Terre 63628		PHONE: (573)358-5552	FAX:	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD				
PURPOSE <input checked="" type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____				
FROZEN DESSERT <input 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		
	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN 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/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O 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			IN OUT 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			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN 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				Conformance with Approved Procedures		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected				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-contact surfaces cleaned & sanitized						
IN <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 type="checkbox"/>	<input checked="" 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				<input type="checkbox"/>	Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" 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				<input type="checkbox"/>	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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Shelly Miller</i> Shelly Miller		Date: March 31, 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: April 30, 2015	



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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Miller's Quick Shop		ADDRESS 1601 St. Francois Road		CITY /ZIP Bonne Terre 63628		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Ambient, hot hold display case		158/182	Ambient, Frigidaire refrigerator/freezer		10/32	
Ambient, prep table, bottom/top		40/40	Sausage, prep table, top		38	
Hamburger, prep table, top		38	Cheese, prep table, top		40	
Pepperoni, prep table, top		39	Chicken, deep fryer		187/194	
Ambient, walk-in freezer		10	Ambient, walk-in cooler		32	
Code Reference	<b>PRIORITY ITEMS</b> 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
5-203.14B	A hose bibb attachment was installed on the faucet at the mop sink. According to owner, a hose is attached when filling buckets. Please install an American Society of Sanitary Engineering (ASSE) rated blackflow prevention device on this hose bibb to preclude back siphonage of water.				4/5/15	SM
3-501.18A	The following medications had an expired expiration date: Contac (2), dramamine (1), Bayer (2), Vivarin (2), Advil (1), Midol (10). Each package contained between two and four tablets. Please dispose or return to distributor medicines that are passed their expiration date. CORRECTED ON SITE by return to distributor				COS	
NOTE	The indirect drain for the 3-vat sink is located in the basement.					
Code Reference	<b>CORE ITEMS</b> 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
6-201.13A	There was no coving at the floor/wall juncture in the bag-in-box room, places in the kitchen, and storage room. Floor and wall junctures shall be coved and closed to no larger than one thirty-second inch. Please install coving and seal.				4/30/15	SM
6-501.16	Mops were stored in the mop bucket. After use, mops shall be placed in a position that allows them to air dry. Please provide method for drying mops.				4/30/15	
4-901.11A	A drawer containing sanitized utensils also held cleaning supplies, light bulbs, mouse traps, and fly tapes. Please protect clean and sanitized utensils by storing sanitized items separately from items that are not sanitized. CORRECTED ON SITE by rearranging to separate items				COS	
3-304.13	Cloth was used to line the pan holding wrapped hamburgers and cheeseburgers in the hot hold display case. Cloth may not be used for food-contact surfaces. Please remove cloth liner. CORRECTED ON SITE by removing cloth.				COS	
6-202.11A	The bulbs in the hot hold display case were not shatter-resistant. Bulbs shall be shatter-resistant or shielded in areas where there is exposed food. Please shield or install shatter-resistant bulbs.				4/10/15	
4-203.12B	One thermometer in the hot hold display case read 0F, the other did not read below 100F. Thermometers to read ambient temperatures shall be accurate within +/- 3F. Please install an accurate thermometer on each end of this unit that is scaled from 0 to 220F in two degree increments.				4/3/15	
<b>EDUCATION PROVIDED OR COMMENTS</b>						
Discussion of changing liquid used at breading station every four hours.						
Person in Charge /Title: <i>Shelly Miller</i> Shelly Miller			Date: March 31, 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: April 30, 2015			



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ESTABLISHMENT NAME Miller's Quick Shop	ADDRESS 1601 St. Francois Road	CITY /ZIP Bonne Terre 63628
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Ambient, ice cream novelty freezer	0	Ambient, creamer dispenser	35
Ambient, pizza hot hold cabinet	144	Ambient, Monster soda cooler	41

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.**

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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.**

6-101.11A	Access and utility holes observed in the walls in the storage room off the kitchen. Please seal holes to make wall smooth and cleanable, and reduce pest entry points.	4/30	SM
6-202.11	Bare floor wood was exposed between the kitchen and storage room. Please seal to make floor smooth, nonabsorbent, and easily cleanable.	4/30/15	
4-601.11C	Debris from installation/construction observed in the cabinet below the coffee brewers in the beverage area. Please clean.	4/2/15	
3-304.12C	Tongs for customer use to retrieve pizzas were stored on top of the pizza hot hold cabinet. In-use utensils shall be stored on a clean and sanitized surface. Please store in a container that is washed, rinsed, and sanitized at least every four hours (as well as the tongs).	3/31/15	
6-301.14	There was no sign to remind the employees to wash their hands in the bathroom. Please install a handwashing sign. CORRECTED ON SITE by installing provided sign	COS	
8-302.14	Standard Operating Procedures required to be submitted with the Application for Food Establishments was not complete. Please refer to the items noted needing correction on the last two pages of the Plan Review Letter prepared by our office, dated March 23, 2015. Please submit these documents to our office on or before April 30, 2015.	4/30/15	

EDUCATION PROVIDED OR COMMENTS

*Shelly Miller*

Person in Charge Title:	Shelly Miller	Date:	March 31, 2015
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Inspector:	Rose Mier	Telephone No.	EPHS No.	Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(573)-431-1947	1390	Follow-up Date:	April 30, 2015