



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE  
 P.O. BOX 570, JEFFERSON CITY, MO 65102-0570, (866) 628-9891

Time In	Time Out
8:10 am	9:00 am

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**SANITATION OBSERVATION**

ESTABLISHMENT NAME  
 Quarter Cafe at North St. Francois County Middle School Cafeteria

TELEPHONE NUMBER (573)431-3300	FAX NUMBER
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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PHYSICAL ADDRESS 406 East Chestnut Street	CITY Desloge	STATE MO	ZIP CODE 63601
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DURING AN INSPECTION AND/OR EVALUATION OF YOUR Coffee Cafe

THE FOLLOWING CONDITIONS WERE OBSERVED AND MUST BE CORRECTED:

During this visit, students in Ms. Angela Zolman's special needs class were serving flavored iced and hot coffees to students. The cafe is located in the adjunct dining area off the main cafeteria. The cafe equipment consists of a handwashing sink, cabinets, table, blenders, coffee maker, ice machine, and utensils. The ice maker is kept locked with the key held by Ms. Zolman. The cafe is in operation one or two times each month during the breakfast period. Ms. Zolman or another teacher oversees the students during operation of the cafe.

The following observations were made:

- A) There was no handwashing sign at the handwashing sink. Please install a handwashing sign to remind users of the importance of handwashing.
- B) There was not a dispenser for paper towels. Please install a paper towel dispenser at the handwashing sink and keep it filled during all times of operation.
- C) The handwashing sink was used for cleaning equipment and disposing of liquid food wastes. Please use handwashing sinks only for handwashing. Provide a tub for dirty equipment and have extra replacement equipment available. Provide a container for liquid wastes and dispose of the waste in the cafeteria sink.
- D) Students were observed using gloves. Please ensure all workers wash their hands prior to putting on a clean pair of gloves.
- E) Take all equipment to the cafeteria kitchen for washing, rinsing, sanitizing, and air drying. Store clean equipment where they cannot be contaminated.
- F) In-use utensils were stored inside food and ice containers. Please ensure all in-use utensils have a handle that remain above the surface of the food.
- G) Food is stored in the base cabinets. Please keep cabinets clean.
- H) Please store all foods requiring refrigeration in a refrigerator that is under inspection by this department. Once opened, label potentially hazardous food with a 7-day discard date (the day of opening plus an additional six days).

INSPECTED BY Rose Mier <i>Rose Mier</i>	EPHS NUMBER 1390
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AGENCY NAME <b>St. Francois County Health Department</b>	TELEPHONE NUMBER <b>(573) 431 - 1947</b>	FAX NUMBER <b>(573) 454 - 2424</b>
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AGENCY ADDRESS <b>1025 W. Main Street/P.O box 367</b>	CITY <b>Park Hills</b>	STATE <b>MO</b>	ZIP CODE <b>63601</b>
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RECEIVED BY Angela Zolman	DATE February 1, 2017
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