



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

TIME IN	1:34 pm	TIME OUT	3:45 pm
DATE	June 21, 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: Old Home Tavern	OWNER: Gary Halbrook	PERSON IN CHARGE: Debra Chrisco
ADDRESS: 188 Devine Road	ESTABLISHMENT NUMBER: 4726	COUNTY: 187
CITY/ZIP: Bismarck 63624	PHONE: (573)734-1112	FAX: none
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		P.H. PRIORITY : <input type="checkbox"/> H <input checked="" 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 checked="" 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 type="checkbox"/> PUBLIC <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input type="checkbox"/> IN <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"/> OUT	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"/> OUT <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>				
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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

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 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		
		Food Identification			<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		
	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
					<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>Debra Chrisco</i> Debra Chrisco	Date: June 21, 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: July 5, 2016



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

ESTABLISHMENT NAME Old Home Tavern		ADDRESS 188 Devine Road	CITY /ZIP Bismarck 63624
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
		Ambient, bar refrigerator/freezer (no PHF stored in unit)	36/3
		Ambient, bar refrigerator/freezer (no PHF stored in unit)	10/41
		Ambient, Whirlpool refrigerator/freezer, kitchen	41/4
		Kenmore refrigerator/freezer, kitchen: ambient, cut tomato	43/0, 41

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
7-102.11	An unlabeled spray bottle of yellow liquid was stored below the handwashing sink in the bar. Containers holding chemicals shall be labeled with the common name of the contents. COS by labeling bottle "Pine-Sol."	COS	DC
4-601.11A	Debris observed on a small plate stored on drying rack in the kitchen. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the plate and the plate that was nested on with it. CORRECTED ON SITE by placing in sink to wash, rinse, sanitize.	COS	
3-302.11A	Cranberries were stored with raw meat in the Whirlpool freezer in the kitchen. Please store ready-to-at food separately or above raw meat. CORRECTED ON SITE by moving cranberries to top shelf.	COS	
3-201.11A	Raw bacon and whole-muscle cuts of meat were individually wrapped in freezer paper, stored in the Whirlpool freezer in the kitchen. The meat was labeled with safe food handling instructions; the bacon had an ingredients label. No other identification was observed on the packaging. According to manager, the meat is obtained from Ruble's Meat Market in Ironton, Missouri, which is under inspection. Please request the meat be labeled with the name and location of Ruble's, and provide a receipt from the facility.	7/5/16	
3-501.16A	The ambient temperature of the Kenmore refrigerator in the kitchen was 43F. Food shall be held at 41F or lower. Please adjust thermostat, repair, or replace to ensure food is held at 41F or lower.	6/22/16	
5-403.11A	This facility is served by an on-site wastewater treatment system. No evidence of surfacing effluent was observed in the location of the soil absorption field. However, the septic tank was observed to be covered with several pieces of corrugated metal sheets. Lifting the sheets revealed that soil above the tank was collapsed, indicating the tank was perforated and is no longer watertight. The tank in is need of replacing per 19 CSR 20-3060 and 701.025-.059 RSMo. An OWTS Construction Permit Application shall be obtained from the St. Francois County Health Center by calling (573)431-1947. The septic tank may not be replaced until an OWTS Construction Permit is issued by a representative of this office.	7/5/16	

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
6-501.112	Spider web observed in the corner of the men's bathroom. There shall be no evidence of pests. Please remove spider webs and monitor facility for pests. If found, begin an approved method of pest control. CORRECTED ON SITE by removing spider webs.	COS	DC
6-501.112	Spider webs observed below the ice bin under the bar. Please remove evidence of pests. CORRECTED ON SITE by cleaning below ice bin.	COS	
6-501.112	A cricket was found in the vat of the sink below the bar counter. Please remove. CORRECTED ON SITE by removing cricket.	COS	
6-501.112	Spider webs observed inside the cabinet across from the 3-vat sink in the kitchen. Please remove evidence of pests and begin approved method of pest control.	7/5/16	
4-601.11C	Debris observed on the shelves of the refrigerator on the west side of the bar. Please clean non-food contact surfaces as often as needed to keep clean.	7/5/16	
4-501.14	Mold and debris observed around the drains of the 3-vat sink in the kitchen. Warewashing sinks shall be kept clean. Please wash, rinse, and sanitize sinks as often as needed to keep clean.	6/21/16	
4-601.11C	Debris observed on the outside surfaces of the Whirlpool refrigerator/freezer in the kitchen. Please clean.	7/5/16	
4-601.11C	Debris observed on the sides and control panel of the stove. Please clean as often as needed to keep clean.	7/5/16	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Debra Chrisco</i>	Debra Chrisco	Date: June 21, 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: July 5, 2016



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2-201.11A	An employee health policy was not available. Please develop an employee health policy based on chapter two of the Missouri Food Code (2013 version) and/or the FDA Employee Health and Personal Hygiene Handbook. Both documents are available online.	7/5/16	[Handwritten Initials]
3-603.11B, C	A consumer advisory is verbally given when meat is ordered undercooked. Please provide a written advisory and disclosure and place in a prominent location in the dining room, or in menus if provided. Advisory example: "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions. Include a "disclosure" by asterisking all foods that may be ordered raw or undercooked, or contain a raw or undercooked ingredient, to the advisory.	7/5/16	
2.301.14	Employee observed smoking, then using hand sanitizer before returning to work without washing hands. Hand sanitizer shall not be used in place of hand washing. Please wash hands with warm water and soap for a minimum of 20 seconds before returning to work or after eating, drinking, or using tobacco. <b>CORRECTED ON SITE</b> by discussion with employee.	COS	

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EDUCATION PROVIDED OR COMMENTS

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Person in Charge / Title: <i>[Signature]</i>	Debra Chrisco	Date: June 21, 2016
Inspector: <i>[Signature]</i>	Rose Mier	Telephone No. (573)-431-1947   EPHS No. 1390
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