



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

TIME IN	9:44am	TIME OUT	11:21am
DATE	1-9-16	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: R. G. Wedge	OWNER: Glenna Ogle	PERSON IN CHARGE: Glenna Ogle
ADDRESS: 1700 Highway N	ESTABLISHMENT NUMBER: 3441	COUNTY: 187
CITY/ZIP: Bismarck, 63624	PHONE: 573-734-6275	FAX: na
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY RESTAURANT <input checked="" type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input checked="" 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 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 type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled pending _____ 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"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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/O <input checked="" 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT <input 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/O <input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input 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		
<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 checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination				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 <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT <input 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 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				<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input 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		
	<input checked="" type="checkbox"/>	Prevention of Food Contamination				<input checked="" type="checkbox"/>	Physical Facilities		
<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>		<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>Glenna Ogle</i>	Glenna Ogle	Date:	January 9, 2017
Inspector: <i>John Wiseman</i>	John Wiseman	Telephone No.:	(573) 431-1947
		EPHS No.:	1507
		Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:	2-22-17



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

ESTABLISHMENT NAME R. G. Wedge		ADDRESS 1700 Highway N	CITY /ZIP Bismarck, 63624	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Deli refrigerator/freezer		40, 18		
Walk-in cooler		40		

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.**

6-501.111	Rodent droppings were observed in cabinets below the hand wash sink and the counter in the deli area. The presence of insects and rodents shall be controlled to minimize their presence on the premises. Please remove evidence of pests and take measures to control the presence of rodents. Control measures shall include: Routinely inspecting the premises for the presence of rodents, Using pest control methods such as traps or professional services, Eliminating harborage conditions such as trash, clutter, debris and general unsanitary conditions, and sealing the facility to the entry of pests by closing holes and gaps into the building that provide entry to pests.	1-12-17	
4-601.11A	The conditions of the deli are generally soiled and unfit for the preparation of food. According to the owner, the deli is not currently in operation due to remodeling. The food preparation surfaces, equipment, shelving, floor and all other surfaces in the deli are dirty. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize all surfaces and equipment in the deli area. Note: The restroom is not currently offered for customer use and is not operable. Note: The facility deli is not currently in operation. The deli and the facility in general are ubiquitously soiled and unsanitary. Prior to the resuming preparation of food, this facility must be thoroughly cleaned and all food preparation and storage areas sanitized.		

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.**

5-205.11B	Soiled utensils were observed in the deli hand wash sink. Hand wash sinks shall be used for hand washing exclusively. COS by removing the utensils.	COS	
6-301.12	A hand drying provision was not provided at the deli hand wash sink. Hand wash sinks shall be provided with a sanitary means of hand drying. COS by placing paper towels into the dispenser at this location.	COS	
3-304.14	Soiled dry wiping cloths were observed on the counter in the deli area. Dry wiping cloths may not be used. Wet wiping cloths may be used if stored in an approved chemical sanitizer between uses. COS by removing the soiled cloths.	COS	
6-101.11A	The floor was observed to be damaged in several places throughout the facility, especially near the deli where flooring tiles are missing and the damaged wood substrate is exposed. Indoor flooring of a food establishment shall be constructed to be smooth, durable and easily cleanable. Please repair the flooring to a cleanable condition.		
6-501.12A	Dirt, debris and food residue was observed on the floor in the walk-in cooler. Physical facilities shall be cleaned as often as necessary to keep them clean. Please thoroughly clean the interior of the walk-in cooler with special attention to the floors.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title 		Glenna Ogle	Date: January 9, 2017
Inspector: 	John Wiseman	Telephone No. (573)431-1947	EPHS No. 1507
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: 2-22-17



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ESTABLISHMENT NAME R. G. Wedge	ADDRESS 1700 Highway N	CITY /ZIP Bismarck, 63624
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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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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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6-501.12A	An accumulation of clutter, trash, debris and unused equipment was observed within the facility. Physical facilities shall be cleaned as often as necessary to keep them clean. Clutter, debris and unused equipment shall be cleared from the premises to prevent harborage conditions for pests.	2-15-17	
6-501.12A	Dirt and debris was observed on the floor throughout the facility. Physical facilities shall be cleaned as often as necessary to keep them clean. Please thoroughly clean the floors.		
6-202.15	A visible gap was observed between the door and frame at the rear entry. Outside entrances to food establishments shall be protected against the entry of insects and pests. Please seal the gaps at this entry.		
Note: Bac-T sample will be collected at the time of the follow-up inspection.			

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title Glenna Ogle		Date: January 9, 2017
Inspector: John Wiseman	Telephone No. (573)-431-1947	EPHS No. 1507
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 2-22-17