



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

| | | | |
|---------|---------|----------|--------|
| TIME IN | 10:35am | TIME OUT | 1:07pm |
| DATE | 8-5-16 | PAGE | 1 of 4 |

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: Rhodes 101 #360 | OWNER: PAJCO, Inc. | PERSON IN CHARGE: Angie Gibbs |
| ADDRESS: 1200 N. Desloge Rd. | ESTABLISHMENT NUMBER: 0186 | COUNTY: 187 |
| CITY/ZIP: Desloge, 63601 | PHONE: 573-431-7231 | FAX: 573-431-7231 |
| 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 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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/O <input checked="" 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 type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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/O <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | <input checked="" type="checkbox"/> | | <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 | | | | | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 <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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned | <input checked="" type="checkbox"/> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fruits and vegetables washed before use | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

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|--|--|
| Person in Charge / Title: Angie Gibbs | Date: August 5, 2016 |
| 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: 8-19-16 |



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| ESTABLISHMENT NAME Rhodes 101 #360 | | ADDRESS 1200 N. Desloge Rd. | | CITY /ZIP Desloge, 63601 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Cold sandwich reach-in cooler amb | | 36 | Walk-in beer cooler amb | | 36 |
| Cold cream from dispenser | | 32 | Walk-in freezer amb | | 0 |
| Pepsi cooler amb | | 38 | North Star ice cream freezer amb | | 0 |
| Coke cooler amb | | 40 | | | |
| Walk-in soda cooler amb | | 34 | | | |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

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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| 3-304.11 | <p>The handle of the ice scoop stored in the ice machine at the drive-up window was observed in contact with the ice. Food shall only contact surfaces equipment and utensils that are washed, rinsed and sanitized. COS by placing the scoop handle above the surface of the ice.</p> <p>Note: This facility is no longer preparing food on site. Currently, the only potentially hazardous foods offered are Market Sandwich brand pre-packaged frozen sandwiches which are presented for sale from a refrigerated reach-in cooler, creamer from a refrigerated creamer dispenser and retail refrigerated milk.</p> | COS | |
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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.**

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| 5-205.11B | Two cans of damaged energy drink were observed stored in the hand wash sink in the service area. Hand wash sinks shall be used for hand washing exclusively. COS by removing the damaged merchandise from the sink. | COS | |
| 5-205.11B | An employee was observed draining two ice tea dispensers into the customer access hand wash sink at the retail beverage station. Hand wash sinks shall be used for hand washing exclusively. Please empty beverage wastes into the three compartment sink or the mop sink. | 8-19-16 | |
| 6-501.12A | An accumulation of dirt and debris was observed on the floor below the soda fountain and the ice machine in the drive-up service area. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the floor below equipment in this area. | | |
| 3-304.14B | A wiping cloth was observed stored atop the counter surface at the drive-up window. Cloths in use for wiping counters and other equipment surfaces shall be held between uses in a chemical sanitizer solution prepared at an appropriate concentration. Please store wiping cloths in the sanitizer. | | |
| 6-202.15A 3 | A visible gap was observed at the top of the drive-up window doors. Exterior openings of a food establishment shall be protected against the entry of insects and pests by use of solid, self-closing, tight-fitting doors. Please repair the gap at this location. | | |

EDUCATION PROVIDED OR COMMENTS

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|--------------------------------------|-----------------------------|----------------------|--|
| Person in Charge Title: Angie Gibbs | | Date: August 5, 2016 | |
| 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: 8-19-16 |



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| ESTABLISHMENT NAME Rhodes 101 #360 | | ADDRESS 1200 N. Desloge Rd. | | CITY / ZIP Desloge, 63601 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
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| 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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| 6-303.11C | The fluorescent light above the ware washing area was not operational. Light intensity shall be at least 50 foot candles at a surface where an employee is working with utensils or equipment. Please restore lighting in this area. | 8-19-16 | |
| 6-403.11A | Employee food was observed stored on open wire shelving above facility food items in the walk-in soda cooler. Employee food shall be stored in such a manner that food, equipment and single service items are protected from contamination. Please store employee food in a tub or container to prevent contamination of facility food. | | |
| 4-101.19 | The hand wash sink located at the customer access beverage station was observed to be unsealed to the counter surface. The counter tops, cabinet interiors and cabinet doors in this area are chipped, delaminated and in disrepair. Non-food contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material. Physical facilities shall be maintained in good repair. Please restore/repair the hand wash sink, counter top, cabinet doors and cabinet surfaces to a cleanable, non-absorbent condition. | | |
| 6-501.11 | | | |
| 5-205.15B | A water leak and an accumulation of wastewater and debris was observed in the cabinet below the hand wash sink at the customer access beverage station. A plumbing system shall be maintained in good repair. Please repair the plumbing leak at this location. | | |
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| ESTABLISHMENT NAME Rhodes 101 #360 | ADDRESS 1200 N. Desloge Rd. | CITY / ZIP Desloge, 63601 |
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| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-----------------------|--------------|------------------------|--------------|
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|----------------|---|-------------------|---------|
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| 4-601.11C | An accumulation of debris was observed on the interior surfaces of the lower cabinet beside the Coke soda fountain at the customer access beverage station. The debris appears to be from the indirect drain also located in this area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean this area. | 8-19-16 | |
| 6-301.12A | Paper towels were not available at the hand wash sink in the men's restroom. All hand wash sinks shall be provided with a sanitary means of hand drying. COS by providing paper towels at this location. | COS | |
| 5-501.111 | The lids to the dumpster used by the facility are broken and do not cover the dumpster opening. Storage areas, enclosures, and receptacles for refuse shall be maintained in good repair. Please repair the dumpster lids to provide adequate closure to deter entry by pests. | 8-19-16 | |

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