



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

TIME IN	10:55 am	TIME OUT	11:39 am
DATE	July 27, 2016	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: S-F Scout Ranch Camp Famous Eagle Dining Hall	OWNER: Boy Scouts of America Greater St. Louis Area Council	PERSON IN CHARGE: Cheryl Budnik/D Angelo Ramos
ADDRESS: 150 U.S. Hwy 67	ESTABLISHMENT NUMBER: 4785	COUNTY: St. Francois (187)
CITY/ZIP: Knob Lick, MO 63651	PHONE: 573-756-5738	FAX: 573-756-1243
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Other <u>2nd reinspection</u>		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input 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 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 type="checkbox"/> COMMUNITY <input checked="" 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"/> 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 type="checkbox"/> IN <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 type="checkbox"/> IN <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"/> NO <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper date marking and disposition		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <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"/> NO <input 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"/> NO <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 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"/> NO	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					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 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"/>	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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Cheryl Budnik/D Angelo Ramos</i>	Cheryl Budnik/D Angelo Ramos	Date:	July 27, 2016
Inspector: <i>Jon Peacock</i>	Jon Peacock	Telephone No.:	(573)431-1947
		EPHS No.:	880
		Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:	Prior to next yr



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
True 2 dr refrigerator/Ambient/Kitchen		41	Strawberry yogurt/True 2 dr refrigerator/Kitchen		38	
Shredded cheese/True 2 dr fridge		41	Italian pasta salad/Walk-in cooler for transport		40	
Hot dogs/Random milk crate/Walk-in cooler for transport to Camp Gamble		41	to Camp Gamble			
Walk-in cooler/Ambient		36	Walk-in food preparatory room/Ambient		66	
Walk-in cooler/Ambient			Walk-in cooler/Ambient		37	
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
6-501.111 B/C  Note: 3-501.16A  2-201.11E	<p>Dust, debris and rodent droppings were observed on the floor in beneath the front serving line equipment. The premises must be routinely inspected for the evidence of pests and approved methods employed when the presence of pests within the premises is found. Please clean and remove all evidence of pest activity and thoroughly clean.</p> <p>The temperature of the shredded cheese was unable to be ascertained on the salad bar as it was not set up. Shredded cheese and strawberry yogurt were observed at 41F and 38F in the True 2 door refrigerator in the kitchen. PHF's must be held at or below 41F or the use of time as a public health control, according to 3-501.19 of the Missouri Food Code, must be employed. Please ensure that PHF's are maintained at or below 41F OR use time as a public health control for maintaining PHF's per 3-501.19 of the Missouri Food Code. (If time as a control is used, written procedures must be developed for tracking PHF's and all PHF's must be discarded after service.)</p> <p>A copy of the employee illness policy was not available during this visit. According to Ms. Budnik Kandle Dining Services did not have an employee illness policy. Please develop a written employee illness policy that is compliant with the MO Food Code and provide a copy of the policy to the St. Francois County Health Ctr. The policy must require food employees and conditional employees to report to the person-in-charge information about their health and activities as they relate to diseases that are transmissible through food. Also, the policy must describe when and under what conditions a food employee may be restricted, excluded and the procedures for reinstating a food employee.</p>				As soon as possible. Prior to next operating season	<i>CB</i>
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
6-202.14  6-501.11	<p>Restroom door in PX was not self-closing. Restroom doors that open into a food establishment must be fully self-closing. Please install self-closing device.</p> <p>Window iced over on door into the walk-in cooler. Physical facilities must be maintained in good repair. Please repair/replace.</p>				Prior to next operating season.	<i>CB</i>

EDUCATION PROVIDED OR COMMENTS

Note: This facility will be closing on July 31, 2016 for the season. This reinspection was conducted to verify the correction of items found in non-compliance during the July 5, 2016 reinspection.

Person in Charge / Title: <i>Cheryl Budnik</i> Cheryl Budnik/D Angelo Ramos		Date: July 27, 2016	
Inspector: <i>Jon Peacock</i> Jon Peacock	Telephone No. (573)431-1947	EPHS No. 880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Prior to next yr



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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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.**

5-203.11A	The preparation of snow cones was observed occurring in the PX. A convenient handwashing sink was not available for use by food employees outside of the restroom. (A handwashing sink was located in a restroom approximately 10-15 feet away). A convenient handwashing sink must be installed in the area in which the snow cones are prepared AND outside of the restroom OR the sale of snow cones be discontinued until a handwashing sink can be installed. The handwashing sink must be properly equipped with hot (100F) and cold running water via a mixing faucet, hand cleanser, handwashing signage, paper towels from a dispenser and a waste receptacle. In the interim, the handwashing sink in the restroom must be used for the remainder of the operating season. However, prior to next season, a handwashing sink must be installed within the PX or the preparation of snow cones and/or other foods may not occur.	Prior to next operating season	
6-501.111 B/C	Rodent droppings were observed on the flooring in the public restroom area including the storage/mechanical rooms within the building. Rodent droppings were observed on the floor of the restroom in the PX. Rodent droppings were observed on the floor in the "caged storage area"/rear kitchen storage area. The presence of insects, rodents, or other pests must be controlled to minimize their presence on the premises. The entire building must be physically evaluated for potential access points of pests. These openings must be sealed. All evidence of rodent activity throughout the building must be eliminated and pest control activities must be intensified by the retention of a reputable pest control operator.	Please develop an ongoing pest control program.	

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.**

Note:	Prior to next operating season, it is strongly recommended that food safety education be provided to the kitchen and commissary/PX staff. Also, it is recommended that prior to 2017 summer camp that a walk-thru of the Camp Famous Eagle Dining Hall/PX and Camp Gamble Commissary/PX be completed to verify all areas are satisfactory prior to operation. The walk-in cooler food preparation room ambient temperature should be addressed to lower the temperature within this room to 41F or lower by next operating season.		
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EDUCATION PROVIDED OR COMMENTS

Note: A return visit was made to this facility on July 27, 2016 from approximately 12:35 pm to 2:45 pm to complete the exit interview. Menu: Hot dogs, buns, apples, italian pasta salad, oatmeal-raisin cookies and kool aid.

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Inspector: Jon Peacock	Telephone No. (573)-431-1947
EPHS No. 880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
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3-501.16A	The transportation of potentially hazardous foods (PHF's) being prepared for transportation to Camp Gamble and other camps within the S-F Boy Scout Ranch is being conducted within Penske rental truck and van that lack any means of refrigeration. Previously, some PHF's were observed above 41F when leaving this facility. It was observed that foods sent to the other camps are placed in milk crates and loaded in an enclosed Penske rental van without any means of refrigeration. Random temperatures of hot dogs and italian pasta salad were taken prior to leaving this facility (See listed temperatures on page 2 of this report) and upon delivery to Camp Gamble Commissary. The temperatures of the hot dogs and the italian pasta salad were observed at 49F and 44F, respectively. The temperatures of PHF's must be maintained at or below 41F during transportation and storage. It is recommended that additional Cambros, insulated coolers, or a properly sized and equipped refrigerated vehicle, etc. be employed to adequately protect PHF's. Further, PHF's held hot must be maintained at or above 135F during storage and transportation. It is recommended that heated food cabinets, Cambros, insulated coolers, etc. be employed.	As soon as possible. Prior to next operating season	
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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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
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