



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

TIME IN	11:45 pm	TIME OUT	1:15 pm
DATE	June 24, 2016	PAGE	1 of 5

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 Gamble Commissary/PX		OWNER: Greater St. Louis Area Council: Boy Scouts of America	PERSON IN CHARGE: D'Angelo Joel Ramos
ADDRESS: 150 US Hwy 67		ESTABLISHMENT NUMBER: 4793	COUNTY: St. Francois (187)
CITY/ZIP: Knob Lick, MO 63651		PHONE: (573) 756-5738	FAX: NA
ESTABLISHMENT TYPE <input 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		PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____	
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 type="checkbox"/> PRIVATE Date Sampled <u>6/27/16</u> Results <u>Pending</u>

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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <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 checked="" type="checkbox"/> N/O <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Highly Susceptible Populations		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 checked="" 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 type="checkbox"/>	<input checked="" 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 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 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>[Signature]</i>	D'Angelo Joel Ramos	Date:	June 30, 2016
Inspector: <i>[Signature]</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:	7-20-16



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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ESTABLISHMENT NAME S-F Scout Ranch: Camp Gamble Commissary/PX		ADDRESS 150 US Hwy 67		CITY /ZIP Knob Lick, MO 63651	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Walk-in cooler (Ambient)		50	Quart milk/Walk-in cooler (Ambient)		46
Hawaiian salads upon receipt from Camp Famous Eagle Dining Hall		58/59	Sliced ham in package upon receipt from Camp Famous Eagle Dining Hall		52/52
Sliced cheese in package received from Camp Famous Eagle Dining Hall		42			

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.		
6-501.111 B	Mouse droppings were observed on the floor, on shelving and throughout the building. The presence of pests must be controlled to minimize their presence on the premises. Please clean and remove any harborage areas, remove any evidence of pest activity and intensify pest control measures.	7-20-16	RE
3-501.16A	Hawaiian salad was observed at 59F in a randomly selected milk crate upon delivery from Camp Famous Eagle Dining Hall. Refrigerated potentially hazardous foods (PHF's) must be maintained at or below 41F.		
3-501.16A	Hawaiian salad was observed at 58F within an extra milk crate upon delivery from Camp Famous Eagle Dining Hall. Refrigerated potentially hazardous foods must be maintained at or below 41F. Sliced ham was observed at 52F in a randomly selected milk crate upon delivery from Camp Famous Eagle Dining Hall. Refrigerated potentially hazardous foods must be maintained at or below 41F.		
3-501.16A	Sliced ham 52F and sliced cheese 42F were observed in an extra milk crate delivered from Camp Famous Eagle Dining Hall. Refrigerated PHF's must be received/held at or below 41F in transit.		
3-501.16A	A quart of milk was observed at 46F and the ambient temperature was observed at 50F in the walk-in cooler in the commissary. PHF's must be maintained at or below 41F under refrigeration.		
5-103.11B	Electric water heater inoperable and no hot water at the handwashing sink in the commissary. Hot water (100F) must be provided at all times at the handwashing sink.		

Code Reference	CORE ITEMS	Correct by (date)	Initial
	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.		
5-501.13A	Two outdoor refuse dumpsters observed with lids open. Outdoor refuse containers must be equipped with tight-fitting lids.	7-20-16	AR
5-501.114	Two outdoor refuse dumpsters observed with drain openings but no drain plugs installed. The other outdoor refuse dumpster was observed with refuse within the bottom of the dumpster. Drains in receptacles and waste handling units for refuse must have drain plugs in place.		
Note:	Paper towels observed not provided from a dispenser at the handwashing sink in the commissary. Please install.		
6-202.15A	Rear overhead door into the commissary was observed open during the inspection. Outer openings of a food establishment must be protected against the entry of pests by sealing entry points for pests and by equipping the facility with tight-fitting self-closing doors. Please keep closed when not in use.		
6-202.15A	Daylight observed at the bottom of the exterior entry door into commissary. Exterior doors must be tight-fitting and self-closing to prevent the entry of pests. Please seal the bottom of the door.		
6-501.12A	Dust and debris, dead insects, etc., were observed on the floor and behind the chest freezer, etc., in the px. Physical facilities must be cleaned as often as necessary to maintain cleanliness.		
6-501.12A	Dust and debris observed on the floor below the shelving and throughout the commissary. Physical facilities must be cleaned as often as necessary to maintain cleanliness.		

EDUCATION PROVIDED OR COMMENTS

Note: On June 30, 2016 from approximately 9:30 am until 10:22 am I met with Mr. D'Angelo Ramos and completed the exit interview from the inspection conducted on June 24, 2016.

Person in Charge Title:	D'Angelo Joel Ramos	Date:	June 30, 2016
Inspector:	Jon Peacock	Telephone No.:	(573)431-1947
		EPHS No.:	880
		Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:	7-20-16



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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ESTABLISHMENT NAME S-F Scout Ranch: Camp Gamble Commissary/PX		ADDRESS 150 US Hwy 67	CITY /ZIP Knob Lick, MO 63651		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Chest freezer containing ice creams in PX/Ambient		30	Glass-front small Coke fridge/px/Ambient (Holding pre-packaged candies)		44
Glass-front Coke fridge/PX/Ambient (Holding bottled soda/water)		44			

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
5-203.14B	A garden hose was observed attached to a water connection located below the mop sink in the commissary. The water connection lacked any visible backflow prevention. A plumbing system must be installed to prevent backflow of a solid, liquid or gas contaminant into the water supply at each point of use, Please install an A.S.S.E. (American Society of Sanitary Engineering), rated backflow prevention device such as a hose bib vacuum breaker on the water connection prior to the hose.	7-20-16	
5-203.14B	The urinals in the restroom located in the "staff row area" were observed without any observed backflow prevention device(s) on the incoming water line to each urinal. A plumbing system must be installed to prevent backflow of a solid, liquid or gas contaminant into the water supply at each point of use. Please install an A.S.S.E. rated backflow prevention device that is rated for this application and for continuous pressure.		
4-202.11A	The plastic scoop used for dispensing ice from the ice machine was observed with a crack in it. Multi-use food-contact surfaces must be smooth, free of breaks, open seams, cracks, chips, inclusions, pits and similar imperfections. Please replace the ice scoop with another scoop of good repair.		

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4-301.12 A-B	No warewashing facilities observed on the premises. An ice machine was observed in the commissary and loose ice was noted being dispensed by staff. Further, a snow cone machine was observed in the PX. Currently, the ice scoop and the snow cone machine are not being cleaned by use of a 4 step process, (i.e. wash, rinse, sanitize and air dry). Please develop a clean-in-place (CIP) process for the daily cleaning and sanitizing of the snow cone machine and for the routine cleaning/sanitizing of the ice machine. Further, all utensils used must be washed, rinsed, sanitized and air dried at least daily in a 3-vat sink/commercial dish machine. This may be accomplished by the installation of a 3-vat sink or by transporting all soiled equipment and utensils on a daily basis to the Camp Famous Eagle Dining Hall. Additional clean equipment and utensils should be stored in a sealed container on the premises. IF soiled equipment and utensils will be transported to Camp Famous Eagle Dining Hall, please develop a log and a written statement for tracking the transportation of the utensils by date/time. Please be advised IF the improper cleaning and sanitizing of equipment/utensils is further noted; then, a 3-vat sink will be required in the Camp Gamble Commissary/Px.	7-20-16	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title 		D'Angelo Joel Ramos	Date: June 30, 2016
Inspector: 	Jon Peacock	Telephone No. (573)-431-1947	EPHS No. 880
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: 7-20-16



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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ESTABLISHMENT NAME S-F Scout Ranch: Camp Gamble Commissary/PX	ADDRESS 150 US Hwy 67	CITY /ZIP Knob Lick, MO 63651
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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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3-501.16A	Foods were observed transported within an enclosed Penske rental truck from Camp Famous Eagle Dining Hall to the Camp Gamble Commissary. The foods were individually packaged and placed within plastic milk crates (51+1 milk crates transported). No measure of refrigeration of these foods was observed. The temperatures of the foods were taken prior to departure from Camp Famous Eagle Dining Hall and again following arrival to the commissary at Camp Gamble. Hawaiian salad was observed at 61F(10:15 am), pre-packaged portions of sliced cheese on prep. table in the prep. room walk-in cooler at 58F (10:07 am), sliced ham observed at 40F in a walk-in cooler (40F Ambient). All PHF's must be at or below 41F prior to departure from the Camp Famous Eagle Dining Hall and received at that temperature at Camp Gamble/other camps. Further, It is strongly recommended that an enclosed vehicle having adequate means of refrigerating/freezing equipment be obtained and placed into use by next operating season. In the interim, it is strongly recommended to use refrigerated Cambros, or easily-cleanable coolers to maintain food temperatures.	7-20-16	
Note: 5-203.12	No restroom observed on the premises. According to staff, restroom facilities were located (approximately 100'+) in the "staff row" area. An inspection of the restroom was conducted. Hot and cold running water was observed at all handwashing sinks along with hand cleanser and paper towels. The commodes were provided with toilet tissue and covered waste receptacles were noted.		

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Note:	The 3-vat sink drain, if installed, must have an indirect plumbing connection between the sink and the sewage drain.	7-20-16	
6-202.15A	Daylight was observed around and below the overhead "food pickup" doors in the commissary. Outer openings must be maintained to prevent the entry of pests. Please seal.		
6-202.15A	Exterior door into the commissary was observed lacking a self-closing device. Exterior doors must be tight-fitting and equipped with self-closing devices to fully self-close doors.		
Note:	Paper towels observed not provided from a dispenser at the handwashing sink in the restroom. Please install.		
6-301.14	The restroom handwashing sinks were observed lacking signage reminding employees to wash their hands. Please install handwashing signage.		
6-301.12A	No paper towels were observed at the handwashing sink in the PX. Handwashing sinks must be provided with a sanitary means for drying hands, (i.e. paper towels from dispensers or hand drying devices). Please install.		
6-301.14	No handwashing signage at the handwashing sink in the PX. Please install at handwashing sink.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: 	D'Angelo Joel Ramos	Date: June 30, 2016
Inspector: 	Jon Peacock	Telephone No. EPHS No. Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(573)431-1947 880	Follow-up Date: 7-20-16



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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.**

Note:	The area surrounding the commissary/PX were visually reviewed. No evidence of surfacing effluent was observed during the June 24, 2016 visit.		
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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.**

4-302.12A	No metal stemmed food thermometers were observed on the premises. Metal stemmed food thermometers must be purchased for use in monitoring PHF's under transport and within the commissary/PX. At a minimum, at least 3 thermometers must be obtained. These thermometers should be in the 0-220F temperature range and graduated every 2F.	7-20-16	
4-302.14	No test kit was available for monitoring the concentration of sanitizing agents. Please obtain test kits for each appropriate sanitizing agent used.		
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.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge Title:	D'Angelo Joel Ramos	Date: June 30, 2016
Inspector:	Jon Peacock	Telephone No. (573)431-1947
	EPHS No. 880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: 7-20-16