



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

| | | | |
|---------|-----------|----------|----------|
| TIME IN | 10:10 am | TIME OUT | 12:21 pm |
| DATE | 7-23-2015 | 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.

| | | |
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| ESTABLISHMENT NAME: S-F Scout Ranch: Camp Gamble Commissary/PX | OWNER: Greater St. Louis Area Council: Boy Scouts of America | PERSON IN CHARGE: John Snipes/Stan Solomon/Trevor Sumner |
| ADDRESS: 150 US Hwy 67 | ESTABLISHMENT NUMBER: | COUNTY: St. Francois |
| CITY/ZIP: Knob Lick, MO 63651 | PHONE: (573) 756-5738 | 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 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 Satisfactory | | |

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 | | |
| | | Prevention of Food Contamination | | | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | Fruits and vegetables washed before use | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

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| Person in Charge /Title: | John Snipes/Stan Solomon/Trevor | Date: July 23, 2015 |
| Inspector: | Jon Peacock | Telephone No. (573) 431-1947 |
| | EPHS No. <input checked="" type="checkbox"/> | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Follow-up Date: 7-29-2015 |



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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) | | 34 | Macaroni and cheese in Camp Gamble (walk-in) | | 38 |
| Macaroni and cheese @ Camp | | 36 | Sloppy joe mix in Camp Gamble (walk-in) | | 38 |
| Famous Eagle Dining Hall | | | Fruit cocktail in Camp Gamble (walk-in) | | 39 |
| Sloppy joe mix @ Camp Famous | | 38 | Chest freezer (Ambient) | | 0 |
| Eagle Dining Hall | | | Half-pint chocolate milk (walk-in) | | 39 |

| 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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| 5-203.11A | No handwashing sink observed in the commissary. Employees were observed washing their hands in the mop sink. Employees must wash their hands often and within a separate and designated handwashing sink. Please install a handwashing sink and equip with hot (100F) and cold running water from a mixing faucet, handwashing signage, hand cleanser and paper towels from dispensers and a waste receptacle. | 7-29-15 | |
| 5-203.11A | No handwashing sink observed in the px. Employees prepare and dispense popcorn, snow cones and nacho cheese. Employees must wash their hands often at a handwashing sink. Please install a handwashing sink and equip with hot (100F) and cold running water from a mixing faucet, handwashing signage, hand cleanser and paper towels from dispensers and a waste receptacle. | | |
| Note: | In the interim, ALL staff should continue to use the mop sink in the commissary for handwashing purposes prior to handling or dispensing foods, provided the mop sink is kept clean and properly equipped with hand cleanser and paper towels from dispensers. Handwashing sinks MUST be installed prior to the 2016 summer camp. An application along with supporting documentation must be submitted to the St. Francois County Health Center for review prior to completing the installations per 8-301.11C of the Missouri Food Code. | | |
| 5-403.11B | Employees stated that soiled water from flooring mopping practices was disposed outside on the ground. Mop water is considered sewage and must be disposed of through the mop sink and into the sewage system. | | |

| 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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| 5-501.13A | Outdoor refuse containers observed with lids open and damaged. Outdoor refuse containers must be equipped with tight-fitting lids. | 7-29-15 | |
| 5-501.114 | Outdoor refuse containers observed with drain openings but no drain plugs installed. Drains in receptacles and waste handling units for refuse must have drain plugs in place. | | |
| Note: | Due to the proximity of the refuse dumpsters to the commissary/px, it is recommended the dumpsters be located further from the commissary/px. | | |
| 6-202.15A | Overhead door and entry door into the commissary were 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. | | |
| 6-202.15A | Daylight observed at the bottom of the exterior entry door into the px. 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 observed on shelving, the floor, below cabinets 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 and throughout the commissary. Physical facilities must be cleaned as often as necessary to maintain cleanliness. | | |
| 4-204.112 B | No thermometers observed within the walk-in cooler and chest freezer within the commissary or in the chest freezer and refrigerator in the px. Please obtain numerically scaled thermometers for each unit. | | |

EDUCATION PROVIDED OR COMMENTS

I conducted inspection with Mr. John Snipes, Mr. Trevor Sumner. I returned to Camp Famous Eagle at approximately 12:29 pm & met with Mr. Stan Solomon & Mr. Sumner on this inspection. Mr. Sumner left @ 2:22 pm & I discussed inspection (cont)

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|------------------------------|--|---|
| Person in Charge /Title: | John Snipes/Stan Solomon/Trevor Sumner | Date: July 23, 2015 |
| Inspector: | Jon Peacock | Telephone No. (573)431-1947 EPHS No. <input type="checkbox"/> Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 7-29-2015 |



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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 | | 12 | El Nacho Grande Cheese Dispenser in px (Ambient) | | 144 | |
| Glass-front Coca Cola fridge in px only holding bottled soda/water | | 45 | | | | |
| 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 |
| 6-501.111 A-C | Rodent (mouse) droppings observed behind chest freezer in px. The presence of insects, rodents or other pests must be controlled to minimize their presence on the premises. Please seal all outer openings, keep exterior access openings closed when not in use and initiate an integrated pest control program with a reputable pest control operator. | | | | 7-29-15 | |
| 4-601.11A | Popcorn machine in px with observed food debris within popper and in machine. Food-contact surfaces of equipment must be clean to the sight and touch. Please wash, rinse, sanitize and air dry all food-contact portions of the popcorn machine in a 3-vat sink. Chest freezer in the commissary showing signs of oxidation. Food contact surfaces of equipment must be maintained in good repair. Please replace unit. | | | | 7-29-15 | |
| 3-301.11B | Staff observed using a plastic pitcher for dispensing ice from the ice machine. Staff may not contact exposed ready-to-eat foods with their bare hands. Please obtain a scoop having a handle for dispensing ice. | | | | | |
| 4-101.11A | Staff observed using plastic shopping bags for bagging ice. Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors or tastes to foods, etc. Please obtain food-grade bags for storing foods and ice. | | | | | |
| 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 |
| 6-501.112 | Dead, decomposed mouse observed in snap trap under shelving within the commissary. Dead or trapped pests must be removed from control devices and the premises at a frequency that prevents their accumulation, decomposition, or the attraction of pests. | | | | 7-29-15 | |
| 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 popcorn machine, a snow cone machine and a nacho cheese dispenser was observed in the px. A three compartment sink must be installed for the manual washing, rinsing, sanitizing and air drying of all equipment and utensils. The sink must be constructed of durable materials that is easily-cleanable. The sink basins must be large enough to allow immersion of the largest utensil or equipment requiring cleaning. Hot and cold running water must be provided to each sink basin by mixing faucet(s). Drainboards must be provided for separating clean from soiled ware and for air drying of all equipment and utensils. (Prior to the installation of the 3-vat sink or the separate handwashing sinks, etc., please contact the St. Francois County Health Ctr for information regarding the submission of an application along with all supporting documentation as required under 8-301.11C of the Missouri Food Code). It is understood that summer camp activities at S-F Scout Ranch will cease in approximately 2 weeks. In the interim, the popcorn machine, snow cone machine and the nacho cheese machine and other scoops, utensils, etc., must be taken at least daily to the (Cont. on Page 4) | | | | 7-29-15 | |
| EDUCATION PROVIDED OR COMMENTS | | | | | | |
| (cont. from Page 2) Mr. Solomon. I departed from the Camp Famous Eagle Dining Hall following conducting an exit interview with Mr. Solomon at approximately 4:03 pm. | | | | | | |
| Person in Charge /Title: | | John Snipes/Stan Solomon/Trey | | Date: July 23, 2015 | | |
| Inspector: | | Jon Peacock | | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | Telephone No. (573)-431-1947 | | EPHS No. Follow-up Date: 7-29-2015 | | |



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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 | |
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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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| Note: | Foods were observed transported within an enclosed truck from Camp Famous Eagle Dining Hall to the Camp Gamble Commissary. The foods were individually packaged and placed within plastic milk crates. 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. The food temperatures were noted below 41F. 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. | 7-29-15 | |
| 5-203.12 | No restroom observed on the premises. According to staff, restroom facilities were located approximately 500 yards away. (An inspection of the toileting facility was not completed during this inspection). Please be advised that toileting facilities must be provided and conveniently located for use by staff. Please provide a toileting facility with hot and cold running water and a commode, etc., prior to the 2016 summer camp. The installation of a restroom will require the submission of an application and supporting documentation to the St. Francois County Health Center for review prior to the installation per 8-301.11C of the Missouri Food Code. | | |

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| 4-301.12 A-B | (Cont. from Page 3) Camp Famous Eagle Dining Hall where all food dispensing equipment/ utensils and the aforementioned equipment may be cleaned and sanitized in the 3-vat sink or the commercial dish machine. Further, a cleaning log must be developed and maintained showing the cleaning, sanitizing and air drying of each specific equipment or dispensing utensil, etc. | 7-29-15 | |
| Note: | The 3-vat sink drain, when installed, must have an indirect plumbing connection between the sink and the sewage drain. | | |
| 5-501.115 | A representative of the refuse company was observed to empty the refuse dumpsters near the commissary/px. Liquid waste was observed draining from the refuse company truck onto the ground while the dumpsters were being emptied. A storage area for refuse must be maintained free of unnecessary items and kept clean. | | |
| 4-903.11A | Sleeves of single use lids, etc., was observed stored on the floor within a small closet in the commissary. Single-use items must be stored above the floor at least 6 inches and in a location where pests and other possible forms of contamination may not occur. | | |

EDUCATION PROVIDED OR COMMENTS

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|--------------------------|--|--|-----------------|---|
| Person in Charge /Title: | | John Snipes/Stam Solomon/T _{re} | Date: | July 23, 2015 |
| Inspector: | | Jon Peacock | Telephone No.: | (573)431-1947 |
| | | EPHS No.: | Follow-up: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Follow-up Date: | 7-29-2015 |