



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

TIME IN	9:20 am	TIME OUT	11:45 am
DATE	Nov. 15, 2016	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: Spradfield's	OWNER: Dave Province	PERSON IN CHARGE: Dave Province
ADDRESS: 206 Church Street	ESTABLISHMENT NUMBER: 4649	COUNTY: St. Francois
CITY/ZIP: Leadwood 63653	PHONE: (573)562-7707	FAX: (573)562-7707
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 <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input checked="" type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input 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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition		<input checked="" type="checkbox"/>
<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"/> 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>		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 checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input checked="" type="checkbox"/>	
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>	<input 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 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		

Person in Charge /Title: <i>Dave Province</i> Dave Province	Date: November 15, 2016
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____



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ESTABLISHMENT NAME Spradfield's		ADDRESS 206 Church Street	CITY /ZIP Leadwood 63653
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Gravy, stovetop hot hold	168	GE refrigerator: ham salad, raw ground beef	32, 33
Ambient, GE refrigerator/freezer	35/3	Deli display case: ambient, cut tomatoes, potato salad	41, 42, 42
Ambient, meat cutting room	41	Ambient, beverage aisle coolers	30, 39, 23
Beans, hot hold, stove	209	Ambient, chest ice cream freezers	0, 10, 10
Ambient, wall freezer and coolers	0, 34, 39	Ambient, deli cooler	41

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
4-501.114A	The concentration of chlorine in the sanitizer solution, stored below the heat-wrap machine, was greater than 100 ppm. Chlorine shall be between 50 and 100 ppm in sanitizer solutions. Please use test strips to ensure chlorine is at the correct concentration in sanitizer solutions. CORRECTED ON SITE by diluting to 50 ppm chlorine.	COS	
3-501.17A	Salads held in the deli display cooler were not labeled with the date of disposition. Ready-to-eat, potentially hazardous food that is held for more than 24 hours shall be labeled with the date of disposition. This includes foods that are prepared on site and commercially packaged foods that are opened. Potentially hazardous foods include cut tomatoes, cut greens, and cut melons. Please label all foods that meet the requirements with a seven day discard date (the day of opening or preparation plus an additional six days).CORRECTED ON SITE by labeling salads with the disposition date.	COS	
4-202.11A	The no-stick coating was deteriorating on one small frying pan and one medium-sized pot. Food contact surfaces shall be free of mars and imperfections. Please dispose of equipment when coating is damaged. CORRECTD ON SITE by pot and pan from facility.	COS	
3-302.11A	Ground turkey was stored touching packages of tater puffs and onion rings in the wall freezer. Raw animal foods shall be stored separately from or below all other foods. Please provide a physical separation between the turkey and the vegetables. CORRECTED ON SITE by moving to meat cooler	COS	

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
4-601.11C	Debris accumulation observed on the inside and outside of the drawer in the stove. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean as often as needed to keep clean. CORRECTED ON SITE by cleaning drawer	COS	
4-601.11C	Debris accumulation observed on the heat lamps and the shield over the heat lamps. Please clean as often as needed to keep clean. CORRECTED ON SITE by cleaning lamps and shades	COS	
4-601.11C	The cover on the heat wrap machine in deli was torn and dirty. Please replace when torn and dirty.	11/21/16	
3-304.12B	The handle of a scoop, stored in a container of sugar on the shelf in the cooking area, was in contact with the sugar. Handles shall be stored above the surface of non-potentially hazardous food. Please store in-use scoops so the handle remains above the surface of the food. CORRECTED ON SITE by removing scoops	COS	
4-601.11C	Accumulation of debris observed in the top creases of the door seals on the General Electric refrigerator and freezer. Please clean seals as frequently as needed to keep clean. COS by cleaning seals	COS	
6-501.14A	Accumulation of debris observed on the grates over the air-intake vents in the deli, and on the outside of the door to the furnace room. Please clean vent covers and door as often as needed to keep clean.	11/21/16	
5-205.15B	The very large leak observed below the handwashing sink in the meat cutting room, allowing wastewater to flow onto the floor. Plumbing shall be in good repair. Please repair leak.	11/16/16	
6-501.18	Debris observed on the surfaces and vat of the handwashing sink in the meat cutting room. Please clean sink as often as needed to keep clean.	11/16/16	
6-501.11	Stains and mold observed on the ceiling tiles in the meat cutting room. Please ensure there are no leaks, then either paint or replace the stained and moldy ceiling tiles.	11/21/16	

EDUCATION PROVIDED OR COMMENTS

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	EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, Tyler milk cooler		41	Bush meat cooler: ambient, chicken, hamburger, pork, bac		60, 52, 51, 51, 51
Ambient, produce cooler		41	Ambient, chest freezers, storage room		10, 0
Ambient, milk cooler, storage room		35	Hamburger, stove top		164

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.**

3-501.16A	The Bush meat cooler had an ambient temperature of 60F, and the meat in the cooler had internal temperatures that ranged from 51 to 52F. Potentially hazardous food shall be held at 41F or lower. It is not known when this cooler no longer held temperature, so it is unknown how long the meat has been out of temperature. Please discard the meat as it is unsafe for consumption. NOTE: the meat was voluntarily discarded by opening each container and throwing in outside dumpster. The ambient temperature of the meat cooler dropped to 41F during this visit. Please monitor the temperature of this cooler a minimum of every four hours to ensure food temperature does not rise above 41F during defrost cycles. Adjust defrost cycle or repair unit if the cooler does not maintain the internal temperature of food at 41F or lower.	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.**

6-202.15A	Daylight was observed at the bottom left side of the overhead door. Outer openings shall be sealed to prevent pest entry. Please seal door.	11/21/16	[Signature]
6-501.12A	Accumulation of debris observed on the floor beside the milk cooler in the storage room (across from bathroom). Please clean floor as often as needed to keep clean. CORRECTED ON SITE by cleaning floor.	COS	
5-501.113	One lid on the outside trash dumpster was broken. Outside trash receptacles shall have tight-fitting lids. Please ask trash company to replace lid or dumpster.	11/21/16	

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