



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

TIME IN	8:40 am	TIME OUT	10:33 am
DATE	Oct. 21, 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: Subway #15488		OWNER: Shawn Meinershagen		PERSON IN CHARGE: Regina Benson	
ADDRESS: 1 North Wood Street			ESTABLISHMENT NUMBER: 0107		COUNTY: St. Francois
CITY/ZIP: Bonne Terre 63628		PHONE: (573)358-7821		FAX: (573)431-9299	
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 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"/> IN <input type="checkbox"/> OUT <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/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/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/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 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 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 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 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	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 checked="" 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				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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/> 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					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 checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<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>Regina Benson</i> Regina Benson		Date: October 21, 2016	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: Follow-up Date: Nov. 7, 2016 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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ESTABLISHMENT NAME Subway #15488		ADDRESS 1 North Wood Street		CITY /ZIP Bonne Terre 63628		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
			Cheese, delivery truck		39	
			Ambient, beverage cooler		28	
			Cheese soup, Potato soup, hot hold		158, 183	
			Walk-in cooler: ambient, lettuce, cheese		40, 40, 40	
			Ambient, walk-in freezer		20	
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
NOTE	Temperatures, in degrees Fahrenheit: Cold Hold, Service line bar: sliced tomatoes 41, cut lettuce 41, eggs 40, tuna salad 36, ham 40, beef 42 Hot hold, service line bar: meatballs 148, chicken 140 Under counter refrigerator, service line area: ambient 38, chicken 38, chicken with sauce 39					
NOTE	The drains for the 1-vat sink and the 3-vat sink were directly plumbed. According to a letter from Tom Burch, Drain Busters Plumbing Company, dated April 16, 2008, installing an indirect drain would require opening a wall and possibly breaking out concrete flooring. Please be aware that if this store is remodeled, indirect drains will be required on all sinks in which equipment or food are placed (currently the 1-vat sink and the 3-vat sink).					
4-202.11A	The coating on two ladles, stored hanging by the 3-vat sink, was deteriorating. The ladles were pitted and rough on the edges. Food-contact surfaces shall be free of imperfections. Please discard. CORRECTED ON SITE by discarding ladles.				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
6-501.12A	Accumulation of black debris on the floor around the base and behind the toilet in the women's bathroom, as well as along the floor/wall juncture behind the toilet. Physical facilities shall be clean. Please clean. CORRECTED ON SITE by cleaning floor.				COS	<i>RB</i>
4-601.11C	Debris observed inside the creases of the top door seals and the handles on the under-counter refrigerator in the service line. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean seals, inside seal creases, and handles as often as needed to keep clean.				10/22/16	
4-901.11A	Large, plastic salad chopping bowls, stored by the hot hold service bar, were wet nested. Equipment and utensils shall be air dried. Please allow complete air drying before storing bowls nested.				10/21/16	
6-501.12A	Accumulation of debris on the floor beneath some of the shelves and equipment in the storage area. Please clean entire floor as often as needed to keep clean.				11/7/16	
5-205.15B	Liquid was pooled in the cabinet below the tea dispensers. Please determine source of leak and repair; keep cabinet dry.				11/7/16	
4-601.11C	Accumulation of debris observed inside the doors and cabinet below the soda/tea dispensers. Please clean inside of cabinet as often as needed to keep clean.				10/23/16	
6-501.12A	Accumulation of debris on the floor under the cabinet holding the trash can next to the soda dispenser. Please clean floor as often as needed to keep clean.				10/20/16	
4-803.11	A used apron was stored on top of a box of olives and another apron was stored on the drainboard of the 3-vat sink. Soiled aprons shall be stored in a designated location where food and equipment cannot be contaminated. Please specify a location to place soiled linens, and provide an area for hanging aprons when temporarily removed. CORRECTED ON SITE by moving aprons desk				COS	
EDUCATION PROVIDED OR COMMENTS						
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Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: Nov. 7, 2016	



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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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5-205.15B	A leak was observed in the faucet of the 1-vat food prep sink. Plumbing shall be maintained in good condition. Please repair leak.	11/7/16	RB
6-501.12A	Accumulation of debris observed on the drain pipes beneath the 1-vat sink and the 3-vat sink. Please clean pipes as often as needed to keep clean.	10/23/16	
4-501.11A	The mesh on the toaster basket, stored by the oven, was torn. According to manager, food is not placed directly on this basket. Equipment shall be in good repair. Please discard basket. CORRECTED ON SITE by discarding	COS	
6-202.115A	The back entry door did not fully self-close. Outside entry doors shall be fully self-closing and sealed. Please adjust, repair, or install another self-closing device to make door fully self-closing.	11/7/16	
5-501.115	Accumulation of trash and mud was observed in the outside dumpster enclosure. Dumpster enclosures shall be kept clean to reduce pest harborage areas. Please clean up litter and remove excess mud.	11/7/16	
5-501.111	Daylight showed through between the back wall and floor of the outside dumpster. Outside trash receptacles shall be pest resistant and maintained in good condition. Please have trash company replace the dumpster.	11/7/16	

EDUCATION PROVIDED OR COMMENTS			

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Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: Nov. 7, 2016