



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.

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|--|--|--|-------------------------------|--|-------------------------|
| 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 | | |

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



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



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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 |
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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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