



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

TIME IN	2:10pm	TIME OUT	5:48pm
DATE	7-24-15	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.

ESTABLISHMENT NAME: Subway #23213 (inside Desloge WalMart)		OWNER: Subway of Desloge, LLC	PERSON IN CHARGE: Melissa Murphy		
ADDRESS: 407 North State Street		ESTABLISHMENT NUMBER: 4738	COUNTY: 187		
CITY/ZIP: Desloge, 63601	PHONE: 573-518-0003	FAX: na	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L		
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD					
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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		<input checked="" type="checkbox"/>
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/>		<input checked="" 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"/> NO <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<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				<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>				<b>Chemical</b>		
<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"/> COS <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<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		
	<b>Protection from Contamination</b>				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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected	<input checked="" type="checkbox"/>					
<input type="checkbox"/> IN <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"/> NO	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		
		<b>Food Temperature Control</b>				<input checked="" 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"/>	<b>Utensils, Equipment and Vending</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		<b>Food Identification</b>			<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		
	<input checked="" type="checkbox"/>	<b>Prevention of Food Contamination</b>				<input checked="" type="checkbox"/>	<b>Physical Facilities</b>		
	<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"/>	Contamination prevented during food preparation, storage and display			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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>Melissa Murphy</i>		Melissa Murphy		Date: July 24, 2015	
Inspector: <i>John Wismen</i>	John Wismen	Telephone No. (573)431-1947	EPHS No. 1507/880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				Follow-up Date: 8-21-15	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Subway #23213 (inside Desloge WalMart)		ADDRESS 407 North State Street	CITY /ZIP Desloge, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Prep cooler		40		
walk-in cooler		34		
walk-in freezer		0		
GE chest freezer		0		
Customer access Coke cooler		34		

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
Temps:	Cold Hold: tomatoes=35, lettuce=38, spinach=37, sld cheese = 38, guacamole=37, shred cheese=38, sausage =38, teriaki chicken=42, southwest chicken=42, buffalo chicken=40, eggs=36, ham=38, turkey=38, bologna=41, rst beef=41, bacon=42, marinara=40. Hot Hold: meatballs 119-189, chicken breast = 161		<i>MM</i>
3-501.16 A	Meatballs in sauce hot held at the service line was measured at 119F. Hot held foods shall be held at 135F or greater. Per shift manager the meatballs had been on the hot held service line for approximately 1 hour. COS by reheating food to 165 prior to replacing in hot holding.	COS	<i>MM</i>
4-601.11 A	The knife caddy at the prep station was observed with food debris inside. Food contact surfaces shall be clean to sight and touch. COS by washing, rinsing, and sanitizing.	COS	
7-201.11 B	A bucket of sanitizer was observed stored above the bread warmer in the prep area. Food shall be protected from contamination. COS by moving the sanitizer.	COS	
4-202.11 A2	Six plastic amber containers stored in clean storage were observed to be cracked and broken. Multi-use food contact surfaces shall be free of cracks and breaks. COS by removing from service.	COS	
4-601.11A	Numerous silicone bread molds were observed with food debris in the mesh of the molds. Food contact surfaces shall be clean to sight and touch. COS by removing to the three compartment sink.	COS	
2-401.11A	Two employee drinks were observed stored on top of the GE chest freezer. Employees may only eat or drink in a manner that will not contaminate food or equipment. COS by moving drinks.	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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
5-205.11B	Food debris was observed in the hand wash sink in the service area. Hand wash sinks shall be used for hand washing exclusively. COS by discussing with the manager.	COS	<i>MM</i>
4-601.11C	Food debris was observed in the door seals of the prep area cooler. Non-food contact surfaces shall be cleaned as often as necessary to keep clean. COS by cleaning.	COS	
3-305.11A 2	A container of pretzels was observed uncovered in the prep area cooler. Food shall be protected from sources of contamination. COS by covering the pretzels.	COS	
6-501.12A	Water was observed on the floor in the walk-in cooler. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean the water from the floor.	8-21-15	
3-305.11A 3	The lower shelves of food racks in the walk-in cooler and freezer were not at least six inches off of the floor. Food shall be protected from sources of contamination by storing at least six inches off of the floor. Please adjust the lowest shelves in this area to at least six inches above the floor.	8-21-15	
6-501.12A	Food debris was observed on the floor of the walk-in freezer. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean the floor.	8-21-15	
3-305.11A 2	A bag of onions was observed stored below the three compartment sink and adjacent to the hand wash sink in the ware washing area. Foods shall be protected from sources of contamination. COS by moving the onions.	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Melissa Murphy</i> Melissa Murphy		Date: July 24, 2015
Inspector: <i>John Wismen</i> John Wismen	Telephone No. (573)431-1947	EPHS No. 1507/880
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 8-21-15



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ESTABLISHMENT NAME Subway #23213 (inside Desloge WalMart)		ADDRESS 407 North State Street		CITY /ZIP Desloge, 63601	
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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
4-202.11A 2	A damaged (cracked and pitted) bowl was observed in clean storage in the ware washing area. Multi-use food contact surfaces shall be free of cracks and breaks. COS by removing from service.	COS	<i>MM</i>
7-201.11B	A gallon container of AC coil cleaner was stored beside a box of tea sweetener. Toxic materials shall be stored where they cannot contaminate food. COS by moving the cleaner.	COS	
7-102.11	An unlabeled spray bottle of degreaser was observed stored on a rack above the GE freezer. Working containers of toxins shall be labeled with the common name of the substance. COS by labeling.	COS	
4-601.11A	Mold and debris was observed on the soda nozzle housing of the soda fountain. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize this area.	8-21-15	
5-202.14	The back flow prevention devices observed installed on the bread proofer in the service area and on the tea machine in the customer access beverage area were not A.S.S.E (American Society of Sanitary Engineers) rated devices. Please install A.S.S.E rated back flow devices at these locations.	8-21-15	
5-203.14B	Submerged water inlet flowing into large container for tea while tea was being brewed. A plumbing system shall be installed to preclude back flow. Terminate the water inlet above the tea container.	8-21-15	

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4-901.11A	Four plastic bowls stored in clean storage in the ware washing area were observed to be wet nested. After washing and sanitizing, equipment shall be air dried and stored inverted.	8-21-15	
4-903.12A 5	Single use straws were observed stored below the customer access soda fountain adjacent to a drain for the beverage machine. Single use items may not be stored under unshielded sewer lines. Please relocate these items.		
4-601.11C	Food debris was observed on the lower shelves of prep tables in the service area and in the ware washing area. Non-food contact surfaces shall be cleaned as often as necessary to keep clean. Please clean these areas.		
4-601.11C	Debris was observed on the door seals of the GE chest freezer. Non-food contact surfaces shall be cleaned as often as necessary to keep clean. Please clean the seals.		
3-305.11A 3	A box of tea sweetener was stored on the floor in the ware washing area. Food shall be protected from contamination by storing at least six inches off of the floor. COS by moving the sweetener.	COS	
6-501.11	A stained ceiling tile was observed in the ware washing area. Physical facilities shall be maintained in good repair. Please replace the stained tile and monitor for leaks.	8-21-15	
3-305.11A	Boxes of sweeteners were observed stored below unshielded plumbing beneath the customer access beverage station. Food may not be stored under unshielded plumbing. Please relocate these items.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>John Wiseman</i> Melissa Murphy		Date: July 24, 2015
Inspector: <i>John Wiseman</i> John Wiseman	Telephone No. (573)-431-1947	EPHS No. 1507/880
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 8-21-15



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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Subway #23213 (inside Desloge WalMart)	ADDRESS 407 North State Street	CITY /ZIP Desloge, 63601
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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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
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6-501.111 C	Numerous flies were observed throughout the facility. The presence of insects shall be controlled to minimize their presence on the premises. Please take action to minimize the presence of flies in the facility.	8-21-15	
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6-501.12A	The ceiling vent located in the corner of the dining room was observed with an accumulation of dust. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean the vent.	8-21-15	
5-205.15B	The vacuum breaker installed on the last toilet in the front men's room was observed to be leaking. A plumbing system shall be maintained in good repair. Please repair the vacuum breakers.		
5-205.15B	The vacuum breaker installed on the first and third toilets in the front women's restroom were observed to be leaking. A plumbing system shall be maintained in good repair. Please repair the vacuum breakers.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title Melissa Murphy	Date: July 24, 2015
Inspector: John Wiseman	Telephone No. (573)431-1947
EPHS No. 1507/880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 8-21-15