



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

TIME IN 7:50 am	TIME OUT 9:36 am
DATE Sept. 29, 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: The Donut Palace		OWNER: Suos Socunthea	PERSON IN CHARGE: Rong Muon	
ADDRESS: 1414 Saint Joe Drive		ESTABLISHMENT NUMBER: 4773	COUNTY: 187	
CITY/ZIP: Park Hills 63601		PHONE: (903)376-1715	FAX: none	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
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				
PURPOSE <input checked="" type="checkbox"/> Pre-opening <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> NO	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)		
	Preventing Contamination by Hands				Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input type="checkbox"/> IN <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		
	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"/> NO <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 type="checkbox"/> NO <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 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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination				<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 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: <u>Rong Muon</u>		Date: September 29, 2016	
Inspector: <u>Rose Mier</u> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: Please call



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ESTABLISHMENT NAME The Donut Palace		ADDRESS 1414 Saint Joe Drive	CITY /ZIP Park Hills 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Ambient, Pepsi glass front cooler, in dining		39	Ambient, chest freezer, warewash area	
Ambient, glass front cooler, in dining area		25		
Ambient, True cooler, service area		41		
Ambient, refrigerator, kitchen		32		
Ambient, upright freezer, kitchen		0		

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
	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.		
NOTE	This facility was not approved to open at this pre-opening inspection. According to Mr. Muon, some of the physical facility work will be completed by the franchise company. He will call our office when the work is completed to schedule a follow-up inspection.		R
NOTE	According to the manager, the coffee brewer, Cappacino machine, coffee grinder, carafes, and the stainless steel table on which these items are stored in the service area will be returned to the owner. The table was observed with rusting pits on the top surface. If the table is kept, the surface shall be repaired to allow effective cleaning.		
NOTE	There was no outside trash receptacle. According to Mr. Muon, a trash company will be contracted to provide a dumpster and trash service. Please have dumpster on-site prior to opening.		
4-601.11A 4-903.11A	A gray tub, stored beneath the baker's table in the kitchen, held with a mix of equipment and a hand broom. Some of the equipment was observed dirty. Food contact surfaces shall be clean to sight and touch. Please store cleaning equipment separately from food equipment. Wash, rinse, and sanitize all equipment in this tub; wash, rinse, and sanitize tub before storing clean equipment in it. Keep clean equipment covered to prevent contamination while in storage.	Call to schedule follow-up inspection when all work is complete	
4-601.11A	Dried debris observed on the dough mixer. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize all parts after use.		
4-601.11A	Debris observed on the trays and other equipment stored on the mobile racks in the room with the water heater. Please wash, rinse, and sanitize all equipment, and the mobile racks on which the trays are stored.		

Code Reference	CORE ITEMS	Correct by (date)	Initial
	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.		
6-202.11A	Bulbs were not shielded in the donut display cases. Bulbs shall be shielded or shatter-resistant when over food. Please shield bulbs.	Please call to schedule follow-up inspection when all work is complete	R
4-203.12A	The thermometer in the Pepsi glass-front cooler in the dining room was inaccurate, reading 42F when the actual temperature was 39F. Please replace thermometer with an accurate thermometer in this cooler.		
5-501.16C	There was no trash can by the handwashing sink in the room with the water heater. Please provide a trash can in a convenient location to dispose of paper towels.		
6-501.18	The handwashing sink in the room with the water heater was dirty on the ledge, around the handles, and in the vat. It appeared to have been used for purposes other than handwashing. Please clean sink as often as needed to keep clean and use only for handwashing.		
5-205.11B	Accumulation of debris on the inside surfaces and racks of the convection oven. Nonfood contact surfaces shall be cleaned at a frequency that prevents debris buildup. Please clean all surfaces of oven before first use and as often as needed to keep clean.		
4-601.11C	Wood utensils were stored in the gray tub under the baker's table. Wood is not acceptable for food-contact surfaces (except donut dowels, hard maple rolling pins, hard maple or similar dense wood table top). Please remove these wood utensils from facility.		
4-101.17A	Test strips were not available upon request. Please supply test strips to check the chlorine concentration of sanitizer solutions. Test strips should measure chlorine concentration in the range of 50 to 100 ppm.		
4-302.14	The bathroom door did not fully self-close as it bound on the frame. Bathroom doors shall self close and be tight. Please adjust or repair to allow door to fully self-close.		
6-202.14	The bathroom did not have a trash can. Please provide a trash can with a lid.		
5-501.17			

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:		Rong Muon	Date: September 29, 2016
Inspector:	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: Please call




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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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5-501.16C	There was no trash can in a convenient location for the handwashing sink in the kitchen. Trash cans shall be conveniently located. Please provide a trash can in this area.	Please call to schedule a follow-up inspection when all are completed	
4-601.11C	Debris observed on the shelves of the refrigerator in the kitchen. Please clean shelving as often as needed to keep clean.		
3-305.11A	Frost fell from the door and top of the upright freezer in the kitchen when the door was opened. Food shall be protected from drippage. Please remove ice and repair unit to prevent ice accumulation around the top of the door.		
6-501.11	Stained ceiling tiles were observed in the kitchen and warewashing rooms. Please ensure there are no leaks, then either paint or replace the tiles.		
6-501.11	Damage was observed on several inside walls throughout the building. Walls shall be smooth and nonabsorbent to allow cleaning. Please repair all damaged areas on walls.		
4-601.11C	Mold and debris observed around the 3-vat sink: the outside seams and the underside of the vats, the pipes, wall, and the grease trap. Please clean and disinfect area to reduce mold growth.		
6-501.112	Dead insects found on the floor of the bathroom and furnace closet. Please remove dead insects..		
6-501.11	Holes observed in the room holding the furnace, and where the electrical lines entered the wall in the bathroom. Please seal all holes to reduce pest hiding areas.		
6-501.12A	Mold and debris observed on the floor of the room holding the furnace. Please clean and sanitize floor to remove mold.		
4-204.112	There was no thermometer inside the chest freezer in the warewashing area. Please install a thermometer in a convenient to read location.		

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