



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

|         |               |          |         |
|---------|---------------|----------|---------|
| TIME IN | 1:11 pm       | TIME OUT | 1:59 pm |
| DATE    | April 4, 2016 | PAGE     | 1 of 2  |

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:<br>The Pub   | OWNER:<br>Linda Rowley   | PERSON IN CHARGE:<br>Linda Rowley  |
| ADDRESS:<br>9365 Berry Road / mailing address 8899 Berry Road  | ESTABLISHMENT NUMBER:<br>1333  | COUNTY:<br>187   |
| CITY/ZIP:<br>Bonne Terre 63628   | PHONE:<br>(573)358-4467  | FAX:<br>none   |
| PURPOSE: <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____   |  |  |
| ESTABLISHMENT TYPE<br><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<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE<br>Date Sampled 4-4-2016 Results Pending _____ |

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 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 type="checkbox"/> N/O <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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A  | Time as a public health control (procedures / records)      |     |   |
|   | Preventing Contamination by Hands   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | Consumer Advisory   |     |   |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O  | Hands clean and properly washed   |     |   |  | 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   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | Chemical  |     |   |
| <input checked="" type="checkbox"/> OUT   | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 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"/> 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"/> 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.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed<br>COS=Corrected On Site      R=Repeat Item |   |     |   |
| <input checked="" type="checkbox"/> OUT <input 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  |     | <input checked="" type="checkbox"/> |
|                                     |                          | 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 checked="" type="checkbox"/> |
|                                     |                          |   |     |   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     | <input checked="" type="checkbox"/> |

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|--|--|
| Person in Charge /Title:<br><i>Linda Rowley</i> Linda Rowley | Date:<br>April 4, 2016   |
| Inspector:<br><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<br>The Pub                                    |   | ADDRESS<br>9365 Berry Road / mailing address 8899 Berry Road |   | CITY / ZIP<br>Bonne Terre 63628   |                      |
| FOOD PRODUCT/LOCATION  |   | TEMP. in ° F   | FOOD PRODUCT/ LOCATION                        |   | TEMP. in ° F         |
|  |   |  | No temperatures were taken during this visit. |   |                      |
|  |   |  |   |   |                      |
|  |   |  |   |   |                      |
|  |   |  |   |   |                      |
| Code Reference   | <b>PRIORITY ITEMS</b><br>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)    |
| NOTE   | The On-site wastewater treatment system was serviced by All-Type Septic System. All tanks were pumped, the filters changed, the pump in the top tank was replaced, and the bulb in the high-water alarm at the dosing tank was changed. The pump was not functioning at this time because the tank was not full enough to operate the pump without burning it up. Therefore, the system will be checked again within the next few months to ensure it is working correctly. |  |   |   | Initial<br><i>LR</i> |
| NOTE   | The residual free chlorine in the water at the kitchen faucet measured 1 ppm. Water samples were collected for bacteriological analysis, and for mineral (nitrate) analysis.  |  |   |   |                      |
| Code Reference   | <b>CORE ITEMS</b><br>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)    |
| 5-501.114  | There was no plug in the drain of the outside dumpster. Please have trash company install a plug in the drain.  |  |   |   | 4/14/16              |
| 6-202.15A  | The outside entry screen door into the kitchen was not sealed. Please seal door to reduce pest entry points.  |  |   |   | 4/14/16              |
| 4-601.11B  | Debris observed on the pizza cooker (grates and drawer). Please clean as often as needed to keep clean.   |  |   |   | 4-5-16               |
| EDUCATION PROVIDED OR COMMENTS                                   |   |  |   |   |                      |
|  |   |  |   |   |                      |
| Person in Charge / Title:<br><i>Linda Rowley</i><br>Linda Rowley |   |  |   | Date:<br>April 4, 2016  |                      |
| Inspector:<br><i>Rose Mier</i><br>Rose Mier                      |   | Telephone No.<br>(573)431-1947                               | EPHS No.<br>1390                              | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Follow-up Date: |                      |