



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

TIME IN	12:08 pm	TIME OUT	2:25 pm
DATE	March 15, 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 Pub	OWNER: Linda Rowley	PERSON IN CHARGE: Linda Rowley
ADDRESS: 9365 Berry Road / mailing 8899 Berry Road	ESTABLISHMENT NUMBER: 1333	COUNTY: 187
CITY/ZIP: Bonne Terre 63628	PHONE: (573)358-4467	FAX: none
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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled <u>see p. 3</u> 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"/> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
IN <input checked="" type="checkbox"/> T	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
IN <input checked="" type="checkbox"/> T	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			IN <input checked="" type="checkbox"/> T N/C N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN <input checked="" type="checkbox"/> T N/O	Hands clean and properly washed	✓		IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN <input checked="" type="checkbox"/> T 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			IN OUT N/O <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			IN OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			IN <input checked="" type="checkbox"/> T	Toxic substances properly identified, stored and used	✓	
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			IN 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		
IN <input checked="" type="checkbox"/> T N/A	Food separated and protected	✓					
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT 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"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
	<input checked="" type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control				<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used	✓	
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" type="checkbox"/>		Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Food properly labeled; original container				<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed		
	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
	<input checked="" type="checkbox"/>	Fruits and vegetables washed before use	✓			<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
						<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Linda Rowley</i> Linda Rowley	Date: March 15, 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: March 29, 2016	



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

ESTABLISHMENT NAME The Pub		ADDRESS 9365 Berry Road / mailing 8899 Berry Road	CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Chicken strips, deep fryer		193	Frigidaire freezer, ambient	
Chicken legs, deep fryer		201	Hamburger patty, grill	
Frigidaire freezer, ambient		10	Ambient, Maytag freezer	
Ambient, Maytag freezer		0	Maytag refrigerator: ambient, slaw	
Ambient, Blue Ribbon freezer		5	Cut lettuce and sliced tomatoes on countertop	

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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>			
4-702.11	Temperatures, continued, in degrees Fahrenheit: Frigidaire Refrigerator: ambient, 35; chili 35; egg 35 Ambient, bar coolers: 20, 30  The person cooking dropped a spatula, then washed it. She was not aware of the process for sanitizing after cleaning. Please ensure all staff are knowledgeable about food safety. CORRECTED ON SITE by discussion with cook and owner.	COS	JK
3-301.11B	The person cooking touched ready-to eat foods (pickles, lettuce, buns) with her bare hands. Ready-to-eat foods shall not be touched with bare hands. Please ensure all staff know the proper use of single-use gloves. CORRECTED ON SITE by cook washing her hands and putting on gloves	COS	
3-501.17A	No foods held in the refrigerators were marked with the date of disposition. Ready-to-eat, potentially hazardous food that is either prepared on site and held, or opened from commercially prepared package, shall be marked with the date of disposition, which is the day of preparation or opening plus an additional six days (seven days total). Please label all foods meeting the criteria with the date of disposition.	3/15/16	
3-302. 11A	Raw hamburger patties were stored above fully-cooked foods in the Maytag freezer. Please store raw foods separately from each other and below fully-cooked and ready-to-eat foods. CORRECTED ON SITE by rearranging foods.	COS	
7-102.11	A spray bottle containing blue liquid, stored in the sink below the bar handwashing sink, was not labeled. Please label working containers of chemicals with the common name of the contents. CORRECTED ON SITE by labeling bottle.	COS	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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>			
6-202.15A	Upon entering the kitchen, the outside entry door was opened. A screen door was in place, but the screen was observed torn and the door did not seal around the frame when closed; nor did the screen door fully self-close. Outside entry doors shall be self-closing and sealed to protect against pest entry. If the solid door is to be left open, the screen door shall be self-closing and sealed. If the screen door does not meet these criteria, then the solid door shall be self-closing and sealed, and kept closed. Please make at one or both of these doors self-closing and sealed.	3/29/15	JK
4-601.11B	Debris observed on the grate and outside surfaces of the pizza cooker. Cooking surfaces shall be kept clean. Please clean after use.	3/29/15	
4-904.11B	Single-use utensils were stored with their handles down in containers in the kitchen wall cabinet. Please store unwrapped utensils with their handles up to prevent contamination when retrieving. CORRECTED ON SITE by inverting utensils.	COS	
3-304.14	Wet cloths were stored on the handwashing sink in the bar. Wet wiping cloths shall be stored in sanitizer between uses; dry cloths shall be placed in laundry when soiled or damp. Please store wet cloths in sanitizer.	3/16/15	
5-205.11B	Ice was observed in the vat of the handwashing sink in the bar. Handwashing sinks shall be used only for handwashing. Please ensure employees know to use handwashing sinks only for handwashing.	3/29/15	
4-601.11C	Debris observed on the door glides of the bar coolers. Please clean as often as needed to keep clean.	3/16/15	
3-302.11A (4)	The lid on the ice bin in the bar covered only 1/2 of the top of the bin, leaving potential for contamination of ice. Please install a lid that will cover the whole top when closed.	3/29/15	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Linda Rowley</i> Linda Rowley		Date: March 15, 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: March 29, 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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
5-403.11A	Sewage was observed surfacing around a tank in the on-site wastewater treatment system. Malfunctioning systems shall be renovated according to Missouri Sewage Laws (19 CSR 20-3.060 Minimum Construction Standards for On-site Sewage Disposal systems. Please have system checked by authorized personnel and submit plan for renovation prior to repair.	3/29/15	
5-102.13B	There was no chlorine detected in the private well water, which is a chlorinated system. Chlorine shall be between 0.5 and 4 ppm free chlorine. Please use test kit check chlorine concentration weekly and have system repaired if malfunctioning. Keep a log of results from weekly checks. NOTE: water samples for bacteriological and nitrate analysis was not collected during this visit because of the lack of chlorine in the water. A 30 minute retention time for the chlorine is required. Water samples will be collected during the follow-up on March 29, 2015.	3/16/15	
2-103.11M	The owner did not have an employee health policy and was not aware of the restrictions and exclusions, nor of the requirement to contact the health department in case of employee diagnosed with the illnesses listed in Chapter 2 of the food code. NOTE: owner will be supplied with an FDA Employee Health and Hygiene Handbook when they are available.	3/29/15	
2-301.14H	The cook did not wash her hands before putting on single-use gloves. Please ensure staff know when to wash their hands. CORRECTED ON SITE by discussion of rule with employee and owner.	COS	

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6-501.14A	Accumulation of dust observed on the blades, grates, and stand of the portable fan stored in the liquor storeroom off the bar area. Please clean fan as often as needed to prevent contamination for blowing debris.	3/20/15	
2-301.15	Employee was observed washing her hands in the 4-vat sink. Sinks used for food preparation and equipment cleaning shall not be used for handwashing. Please ensure employees know where to wash hands. CORRECTED ON SITE by discussion with employee and owner	COS	
5-501.114	There was no plug in the drain of the outside dumpster. Please have trash company install a plug in the drain.	3/29/15	
3-302.15A	According to owner, some produce may not be washed prior to use. Please wash in clear water all produce, whether peeled, cooked, or served whole, before serving or preparing. CORRECTED ON SITE by discussion of rule with owner	COS	

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