



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

TIME IN	1:11 PM	TIME OUT	3:09 PM
DATE	June 17, 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 Snack Bar	OWNER: Goose Creek Lake Trustees	PERSON IN CHARGE: Barb Stepney
ADDRESS: 9122 Beach Drive, (Mail: 6200 Office Road)	ESTABLISHMENT NUMBER: 4698	COUNTY: St. Francois (187)
CITY/ZIP: French Village, MO 63036	PHONE: 573-358-3133 (Trustees)	FAX: 573-358-7834
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other <u>Risk Factor Study</u>		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		
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>6/28/2016</u> Results <u>Pending</u>

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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Management awareness; policy present	✓		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion	✓		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <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 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"/> 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				Consumer Advisory		
<input type="checkbox"/> IN <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 type="checkbox"/> 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			<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"/> 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"/> 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. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item		
<input checked="" type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 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 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		✓

Person in Charge /Title: <i>Barb Stepney</i>	Barb Stepney	Date: June 28, 2016
Inspector: <i>Jon Peacock</i>	Jon Peacock	Telephone No. (573)431-1947
		EPHS No. 880
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:



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ESTABLISHMENT NAME The Snack Bar		ADDRESS 9122 Beach Drive, (Mail: 6200 Office Road)		CITY /ZIP French Village, MO 63036	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Nacho cheese/Heated container		163	Chili sauce/Heated container		154
Hot dog/Hot dog roller		135	True glass-front fridge/Ambient		38
Gibson upright freezer/Ambient		10	Magic Chef freezer/Ambient		0
Hot dog/True glass-front fridge		43	Westinghouse upright freezer/Ambient/Rec. Hall		0
Roper fridge/freezer/Ambient/Rec. Hall		44/10			

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
3-501.16A	A package of hot dogs were observed at 43F in the True glass-front refrigerator. Potentially hazardous foods (PHF's) must be held under 41F or lower refrigeration.	Corrected 6/28/16	BS
4-601.11A	Dried food debris was observed on the inside top of the internal cavity of the microwave ovens. Food-contact surfaces must be cleaned to the sight and touch by use of a four step process, (i.e. wash, rinse, sanitize and air dry) (Corrected 6/28/16- microwaves observed clean)		
7-202.11A	Raid and Hot Shot aerosol cannisters of insecticides were observed in the cabinet near the Gibson freezer. These cannisters were not approved for use in a food establishment. Only those toxic items that are permitted for use in a food establishment may be used or stored on the premises of a food establishment. (Corrected by removal on 6/17/16)		
5-103.11B	No hot water was observed at the men's or women's handwashing sinks located in the swimming pool restrooms. (These restrooms are used by the operators of The Snack Bar). Hot water generation and distribution systems must be sufficient to meet the peak hot water demands throughout the food establishment. (Corrected 6/28/16- hot water observed in both restrooms)		
2-301.14 A-I	A food worker was observed placing single-use gloves on their hands without first washing their hands. Food employees must clean their hands and exposed portions of their arms before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-use articles and before donning gloves for working with food, etc. (Corrected 6/28/16 by discussion with Ms. Stepney)		
Note:	(True glass-front fridge was observed at 39F ambient temperature during 6/28/16 visit)		

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
6-202.15A	Daylight was observed around the entry door into the food concession stand. Outer openings of a food establishment must be protected against the entry of insects and rodents by sealing all points of entry into the building. (Corrected by replacing door, verified on 6/28/16)	Corrected 6/28/16	BS
6-202.15A	Daylight was observed around the perimeter of the wall-mounted air conditioner in the food concession stand. Outer openings of a food establishment must be protected against the entry of insects and rodents by sealing all points of entry into the (Corrected by sealing. 6/28/16)		
4-203.11B	The metal stemmed food thermometer was observed calibrated at 10F intervals. It could not be determined whether the thermometer was accurate to within +/- 2F. Please obtain a metal stemmed food thermometer graduated in 2F intervals and insure it is accurate.(Corrected 6/28/16)		
3-305.11A	Foods are sometimes stored across Beach Drive in the Goose Creek Recreation Hall according to a food worker. Foods and single-use items must be stored within this food stand. Foods and single use items may not be stored in a private home or in areas that are out of the control of the food workers. Foods and single-use items must be stored in areas that are clean and dry location where it is not exposed to splash, dust or other contamination and that is free from pests. (New freezer purchased and verified on 6/28/16)		
Note:	This food concession stand is operated by volunteer members of the Goose Creek Property Owners Association. Upon arrival Ron and Lynn Johnson were operating the facility.		

EDUCATION PROVIDED OR COMMENTS

Note: The exit interview was not completed at the end of this inspection. An appointment to conduct the exit interview and to collect a bacteriological water sample from the private drilled well will be scheduled.

Person in Charge /Title Barb Stepney		Date: June 28, 2016	
Inspector Jon Peacock	Telephone No. (573)431-1947	EPHS No. 880	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:			



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2-201.11E	Food employees were not aware of a policy regarding employee illness. Please develop a written policy that will require food employees and conditional employees to report to the person-in-charge information about their health and activities as they relate to diseases that are transmissible through food. Also, the policy must describe when and under what conditions a food employee may be restricted, excluded and the procedures for reinstating a food employee. A copy of the US FDA Employee Health and Personal Hygiene Handbook should be consulted for review and development of an employee illness policy. This booklet may be reviewed on-line. The US FDA Employee Health and Personal Hygiene Handbook may be utilized as the employee illness policy. If so, please download a copy and provide a written statement acknowledging the use of this handbook. (6/28/2016: During this visit Ms. Stepney was using her laptop computer to obtain a copy of the US FDA Employee Health and Personal Hygiene Handbook. Unfortunately, Ms. Stepney was unable to print it. However, she did provide a written statement the handbook would be used as the employee illness policy for this establishment.	Corrected 6/28/16	<i>[Signature]</i>
3-501.16A	The Roper refrigerator located in the Goose Creek Recreation Hall was observed with an ambient temperature of 44F. Refrigeration equipment storing potentially hazardous foods (PHF's) must maintain temperatures at or below 41F. (Per Ms. Stepney, due to the purchase of the new chest freezer, all foods will be stored in The Snack Bar).		

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Note: 5-205.15B	Water was observed on the floor adjacent to a toilet in the women's restroom. The toilet seal might be leaking. Please repair/replace.	6/30/16	<i>[Signature]</i>
Note:	It is strongly recommended that a copy of the Missouri Food Code be obtained from the MO DHSS Website at: http://health.mo.gov/safety/foodsafety/pdf/missourifoodcode.pdf		

EDUCATION PROVIDED OR COMMENTS

On June 28, 2016 approximately 8:50 am until 9:49 am I met with Ms. Barb Stepney and completed the inspection exit policy and verified correction of items found in non-compliance during June 17, 2016 inspection.

Person in Charge /Title: <i>[Signature]</i> Barb Stepney		Date: June 28, 2016	
Inspector: <i>[Signature]</i> Jon Peacock	Telephone No. (573)-431-1947	EPHS No. 880	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:			