



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

TIME IN	6:20 pm	TIME OUT	8:05 pm
DATE	Jan. 17, 2015	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: VMPC Recreational Club House	OWNER: VMPC Recreational LLC / (Royce Vessel)	PERSON IN CHARGE: Wendy Schweikert
ADDRESS: 8614 Berry Road/ PO Box 440	ESTABLISHMENT NUMBER: 4741	COUNTY: 187
CITY/ZIP: Bonne Terre 63628	PHONE: (573) 518-4994	FAX:
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 checked="" type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled <u>See note</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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 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)		
	<b>Preventing Contamination by Hands</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Consumer Advisory</b>		
<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				<b>Highly Susceptible Populations</b>		
<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"/> N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<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"/> 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				<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored	<input checked="" type="checkbox"/>	
<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	<input checked="" type="checkbox"/>	
		<b>Food Temperature Control</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used	<input checked="" type="checkbox"/>	
<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					<b>Utensils, Equipment and Vending</b>		
<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		
		<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>					<b>Physical Facilities</b>		
<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 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>[Signature]</i>	Wendy Schweikert	Date:	January 17, 2015
Inspector: <i>[Signature]</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: To be arranged	



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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME VMPC Recreational Club House		ADDRESS 8614 Berry Road/ PO Box 440		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION Ambient, GE freezer, kitchen		TEMP. in ° F 12	FOOD PRODUCT/ LOCATION Ambient, GE refrigerator, kitchen		TEMP. in ° F 38
Ambient, Coronado chest freezer, kitche		15			

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
5-203.11A	A handwashing sink was not available in the bar area or adjoining room where popcorn was made and ice was scooped. A handwashing sink shall be located to allow convenient use by employees in food preparation, food dispensing, and warewashing areas. Please install a handwashing sink and equip it with soap, paper towels, trash receptacle, and signage in a convenient location for the bar employees.	To be arranged with owner ↓	WJS ↓
2-301.14F	Employees were not observed washing hands during food service between jobs (taking money, preparing popcorn and drinks). Food employees shall wash their hands between tasks.		
8-103.12A	Three packages of vacuum-packed food was observed in the GE freezer in the kitchen. According to employee, this food belongs to the owner and will not be served to the public. Please be advised that vacuum packaging food for the public is not allowed without a HACCP Plan that is approved by the regulatory authority. Please remove personal food from premises.		
NOTE	A water sample was not taken and the on-site wastewater treatment system (OWTS) was not observed during this visit due to it being a Saturday night. Arrangements will be made with owner to collect water sample for bacteriological testing and observance of OWTS during the coming week.		
NOTE NOTE	A follow-up inspection date will be arranged with the owner. The kitchen was not in use during this visit. Drinks were served at the bar and popcorn popped in a popcorn maker in the room just south of the bar. Ice and drinks were kept in portable coolers. All food was served using single-use plates, cups, and napkins.		

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
3-304.12B	The handle of the scoop was stored in contact with the popcorn. Handles of in-utensils stored in non potentially hazardous food between uses shall be above the top of the food. Please store scoop so handle is not in contact with popcorn, or on a sanitized surface or container between uses. Corrected on site by discussion of rule and storing handle above popcorn	COS	WJS ↓
3-304.12B	Ice was scooped from bag using a single-use cup. Please use a utensil with a handle to scoop ice to prevent contamination of ice from hands touching ice. Corrected on site by discussion of rule and using tongs to transfer ice	COS	
6-403.11A	Employee drink was stored on the service counter. Employee drinks shall be stored where contamination of food, clean equipment, single-use items, or linens cannot occur. Please store employee food in designated area. Corrected on site by moving drink to employee shelf	COS	
6-403.11A	Employee purse was stored on top of clean linens. Employee personal items shall be stored where food, single use items, clean equipment, or linens cannot be contaminated. Please store personal items in designated area. Corrected on site by moving to employee shelf.	COS	
6-202.14	The bathroom doors were not self-closing. Toilet rooms shall be provided with a tight-fitting, self-closing door. Please install closures on all three toilet room doors.	To be arranged	
6-202.11A	The light bulb in the popcorn maker was not shielded nor marked as shatter resistant. Please install a shield or a shatter-resistant bulb if this bulb is not shatter-resistant.	↓	

EDUCATION PROVIDED OR COMMENTS

Person in Charge: *Wendy Schweikert* PIC  
 Wendy Schweikert  
 Date: January 17, 2015

Inspector: *Rose Mier*  
 Rose Mier Telephone No. (573)431-1947 EPHS No. 1390  
 Follow-up:  Yes  No  
 Follow-up Date: To be arranged



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ESTABLISHMENT NAME VMPC Recreational Club House	ADDRESS 8614 Berry Road/ PO Box 440	CITY /ZIP Bonne Terre 63628
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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. **These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.**

NOTE	According to employee, all events are either catered or the party provides their own food. The facility provides use of kitchen and equipment for some events. The facility does not prepare food for any events, but does provide single-use items or multiple-use items when asked, and employees to serve drinks from the bar.		
NOTE	The next routine inspection will occur during a catered event in which food is served and the kitchen is in use.		

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). **These items are to be corrected by the next regular inspection or as stated.**

4-903.11A	Several boxes of single-use items and glassware were stored on the floor in the banquet room and in kitchen. Single-use items, equipment, utensils, clean linens, and food shall be stored a minimum of six inches off the floor. Corrected on site by moving boxes onto a table	COS	
4-601.11C	Spilled debris was observed in the bottom of the GE freezer in the kitchen. Please clean as often as needed to keep clean. Corrected on site by cleaning freezer	COS	
3-305.11A	The Coronado chest freezer had an accumulation of frost build-up that was preventing a good seal of the lid and getting on the packages of stored ice. Please defrost to prevent contamination of food from frost and to keep unit in good working condition.	To be arranged	
6-501.12A	An accumulation of leaves and debris was observed on the floor in the kitchen. Physical facilities shall be cleaned as often as needed to keep clean.		
4-901.11A	Glassware was dried with towels and on towels in the kitchen. Equipment and utensils shall be air dried after cleaning and sanitizing. Please install drying racks to allow complete air drying of equipment.		

EDUCATION PROVIDED OR COMMENTS

*PTC*

Person in Charge / Title: <i>Wendy Schweikert</i>	Wendy Schweikert	Date: January 17, 2015
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: To be arranged