



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

|         |               |          |         |
|---------|---------------|----------|---------|
| TIME IN | 3:58 pm       | TIME OUT | 4:50 pm |
| DATE    | Sept. 3, 2015 | 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>Veteren's Sports Complex Concession Stand   |  | OWNER:<br>City of Bonne Terre  | PERSON IN CHARGE:<br>Dawn Eaton |  |
| ADDRESS:<br>118 North Allen Street   |  | ESTABLISHMENT NUMBER:<br>4652  | COUNTY:<br>187                  |  |
| CITY/ZIP:<br>Bonne Terre 63628   |  | PHONE:<br>(573)358-2254 (city)   | FAX:<br>(573)358-1528 (city)    | P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L  |
| 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 |  |  |                                 |  |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____   |  |  |                                 |  |
| 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 checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |                                 | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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"/> OUT N/O N/A | Proper cooking, time and temperature   |     |                                     |
|  | <b>Employee Health</b>  |     |   | IN OUT N/O N/A                                  | Proper reheating procedures for hot holding  |     |                                     |
| <input checked="" type="checkbox"/> OUT        | Management awareness; policy present  |     |   | IN OUT N/O N/A                                  | Proper cooling time and temperatures   |     |                                     |
| <input checked="" type="checkbox"/> OUT        | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures  |     |                                     |
|  | <b>Good Hygienic Practices</b>  |     |   | <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   |     |   | <input checked="" type="checkbox"/> OUT N/O 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 N/A                                  | Time as a public health control (procedures / records)   |     |                                     |
|  | <b>Preventing Contamination by Hands</b>  |     |   |   | <b>Consumer Advisory</b>   |     |                                     |
| <input checked="" type="checkbox"/> OUT N/O    | Hands clean and properly washed   |     |   | IN OUT N/A                                      | Consumer advisory provided for raw or undercooked food   |     |                                     |
| <input checked="" type="checkbox"/> OUT N/O    | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |   | <b>Highly Susceptible Populations</b>  |     |                                     |
| <input checked="" type="checkbox"/> OUT        | Adequate handwashing facilities supplied & accessible                                       |     |   | IN OUT N/O N/A                                  | Pasteurized foods used, prohibited foods not offered   |     |                                     |
|  | <b>Approved Source</b>  |     |   |   | <b>Chemical</b>  |     |                                     |
| <input checked="" type="checkbox"/> OUT        | Food obtained from approved source  |     |   | IN OUT 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"/>          | Toxic substances properly identified, stored and used  |     | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT        | Food in good condition, safe and unadulterated  |     |   |   | <b>Conformance with Approved Procedures</b>  |     |                                     |
| IN OUT N/O <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction                           |     |   | IN OUT 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.<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 |     |                                     |
| IN OUT <input checked="" type="checkbox"/>     | 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"/> | <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                       |     |                                     |
|                                     |                          | <b>Food Temperature Control</b>   |     |   | <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   |     |   |                                     |                                     | <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 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | Nonfood-contact surfaces clean  |     |                                     |
|                                     |                          | <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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained                               |     | <input checked="" type="checkbox"/> |
|                                     |                          |   |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Physical facilities installed, maintained, and clean                                  |     |                                     |

|   |  |            |  |  |                  |
|---|--|------------|--|--|------------------|
| Person in Charge /Title:<br><i>Dawn Eaton</i> |  | Dawn Eaton |  | Date: September 3, 2015  |                  |
| Inspector:<br><i>Rose Mier</i>                |  | Rose Mier  |  | Telephone No.<br>(573)431-1947   | EPHS No.<br>1390 |
|   |  |            |  | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                  |
|   |  |            |  | Follow-up Date:  |                  |



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|   |                                   |                                |
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| ESTABLISHMENT NAME<br>Veteran's Sports Complex Concession Stand | ADDRESS<br>118 North Allen Street | CITY /ZIP<br>Bonne Terre 63628 |
|---|-----------------------------------|--------------------------------|

| FOOD PRODUCT/LOCATION                    | TEMP. in ° F | FOOD PRODUCT/ LOCATION         | TEMP. in ° F |
|--|--------------|--------------------------------|--------------|
| Frigidaire refrigerator/freezer, ambient | 40/2         | Pepsi beverage cooler, ambient | 32           |
| Hotdog, cooker                           | 180          | Cheese, crock pot, hot hold    | 168          |
|  |              |                                |              |
|  |              |                                |              |

| Code Reference | PRIORITY ITEMS<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) | Initial |
|----------------|--|-------------------|---------|
|----------------|--|-------------------|---------|

|           |  |     |    |
|-----------|--|-----|----|
| NOTE      | The water in the facility was brown when it was first turned on, and it smelled of hydrogen sulfide (rotten eggs). The city will be contacted by this office concerning the quality of the water.  |     | DE |
| 2-301.15  | Staff were observed washing their hands in the 3-vat sink. Hands shall be washed only in a designated handwashing sink. CORRECTED ON SITE by discussion of rule and reason for rule.   | COS |    |
| 7-202.12A | A can of raid insecticide was stored beneath the handwashing sink. Insecticides shall be approved for use in a food establishment and used according to manufacturer's label. Please remove this product from the facility. CORRECTED ON SITE by removing can from facility. | COS |    |

| Code Reference | CORE ITEMS<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) | Initial |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

|           |   |         |    |
|-----------|---|---------|----|
| 6-301.14  | There was no sign to remind users to wash their hands. Please install a handwashing sign at the handwashing sinks in the bathroom. CORRECTED ON SITE by installing sign.  | COS     | DE |
| 5-501.113 | The lids were open on the outside dumpster. Dumpster lids shall be closed on outside trash receptacles to reduce pest attraction. Please keep lids closed. CORRECTED ON SITE by closing lids.   | COS     |    |
| 4-302.14  | Test strips were not available to check the concentration of chlorine in sanitizer solutions. Please supply test strips to ensure the concentration of chlorine in sanitizer solutions is between 50 and 100 ppm (approximately 1/2 to 1 tsp. of regular unscented household bleach in each gallon of water). | 9/10/15 |    |

EDUCATION PROVIDED OR COMMENTS

Discussion of the following: wash, rinse, sanitize and air dry required for all food-contact surfaces after use; when to wash hands; no bare hand contact with ready-to-eat foods; storage of toxic items; eating, drinking, and using tobacco.

|  |               |  |
|--|---------------|--|
| Person in Charge / Title:<br><i>Dawn Eaton</i> | Dawn Eaton    | Date:<br>September 3, 2015   |
| 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:  |