



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

| | | | |
|---------|--------|----------|--------|
| TIME IN | 1:27pm | TIME OUT | 3:31pm |
| DATE | 8-8-17 | 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.

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|--|------------------------|--|--|--|
| ESTABLISHMENT NAME: Great Wall Chinese Restaurant | | OWNER: Teng Fang Chen | PERSON IN CHARGE: Dian Jiang | |
| ADDRESS: 1140 North Desloge Drive | | ESTABLISHMENT NUMBER: 0134 | COUNTY: St. Francois (187) | |
| CITY/ZIP: Desloge, MO 63601 | PHONE: 573-431-9888 | FAX: 573-431-7111 | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input 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 | | | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____ | | | | |
| FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-15359, exp.5-31-18 | | SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE 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 type="checkbox"/> IN <input type="checkbox"/> OUT <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/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 checked="" 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 type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper cold holding temperatures | | <input checked="" type="checkbox"/> |
| <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/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose and mouth | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <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 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 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"/> | | | | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | 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 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

| | | | |
|--|--------------------------------|-------------------------|---|
| Person in Charge Title: Dian Jiang | | Date: August 8, 2017 | |
| Inspector: <i>[Signature]</i> John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 | Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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|---|--|-------------------------------------|--|--------------------------------|--------------|
| ESTABLISHMENT NAME Great Wall Chinese Restaurant | | ADDRESS 1140 North Desloge Drive | | CITY /ZIP Desloge, MO 63601 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Watermelon on ice at buffet | | 43 | General Tsao at buffet | | 194 |
| Tomato/cucumber salad at buffet | | 35 | Egg drop soup at buffet | | 173 |
| Lettuce salad at buffet | | 39 | Chicken teriyaki at buffet | | 153 |
| Kings Pastry Milkflake | | 32 | Coconut chicken at buffet | | 184 |
| Fried rice at buffet | | 188 | Roasted chicken & peanut chicken at buffet | | 169, 156 |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

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.**

| | | | |
|-----------|--|-----|----|
| 3-501.16A | <p>Cut watermelon was observed stored in pans at a small buffet on ice by the waitress station. The temperature of the watermelon ranged from 45-50F. Potentially hazardous foods (PHF's) must be held at or below 41F. (The pans of watermelon were removed from the buffet and placed in the walk-in freezer to cool.) One pan later noted at 46-50F was voluntarily discarded and one pan noted at 32F after removal from walk-in freezer.</p> <p>Note: At the time of this follow-up, the watermelon offered at the buffet was measured at 43F. Mr. Jiang discarded the watermelon. I instructed Mr. Jiang not to place watermelon on the buffet unless he can figure out a way to hold it at 41F or less. COS</p> | COS | DJ |
| 4-702.11 | <p>Employees were observed washing and rinsing food equipment with out sanitizing it. After cleaning and rinsing, all food equipment shall be sanitized and air dried. Please sanitize all food equipment that is washed manually by immersing it in an approved chemical sanitizer prepared at approved concentrations.</p> <p>Note: At the time of this follow-up, the mechanical dishwasher did not have a detectable level of chlorine in the rinse cycle. Mr. Jiang was able to restore chlorine delivery to the dishwasher. COS</p> <p>Note: The hot held buffet foods that were being held by time as a public health control and which were determined to be at temperatures less than 135F, were measured at adequate hot holding temperatures.</p> | | |

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
|----------------|------------|-------------------|---------|

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.**

| | | | |
|-----------|---|-----|----|
| 3-304.12F | <p>A small "crock pot-like container" was observed adjacent to the rice cooker in the dining room An in-use rice paddle was observed stored in the water. The water temperature was 102F. Dispensing utensils may be stored in a container of water IF the water is maintained at a temperature of at least 135F and the container is cleaned and sanitized at a frequency to preclude the accumulation of soil residues and at least every 24 hours.</p> <p>Note: The water in the crock pot at the hot held rice was measured at 129F. Mr. Jiang removed the crock pot and placed a clean scoop in a clean metal container at this location. I instructed Mr. Jiang to replace the scoop and container with clean/sanitized equipment at least every four hours. COS</p> <p>Note: At the time of the exit interview, Risk Control Plans were provided to Mr. Jiang in an effort to assist him in reducing or eliminating priority violations with the Food Code. Risk Control Plans provided are intended to address: PIC demonstration of knowledge, employee hygiene, handwashing, protection against cross contamination, proper cleaning and sanitation of food equipment, proper hot and cold holding, and correct storage of toxic materials. Mr. Jiang has been advised that employment of the Risk Control Plans are voluntary. Please indicate by the time of the follow up inspection, if the facility will agree to use the Risk Control Plans. Note: At the time of the follow-up, Mr. Jiang showed me signed copies of the risk control plans.</p> | COS | DJ |
|-----------|---|-----|----|

EDUCATION PROVIDED OR COMMENTS

| | | |
|--|-----------------------------|----------------------|
| Person in Charge / Title: <i>Dian Jiang</i> Dian Jiang | | Date: August 8, 2017 |
| Inspector: <i>John Wiseman</i> John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 |
| Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Follow-up Date: |