



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE  
 P.O. BOX 570, JEFFERSON CITY, MO 65102-0570, (866) 628-9891  
**SANITATION OBSERVATION**

Time In	Time Out
10:00 am	11:30 am

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ESTABLISHMENT NAME  
 The Cornerstone Cafe / Rev. David Wiant

TELEPHONE NUMBER (573)358-2238	FAX NUMBER
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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PHYSICAL ADDRESS 20 Park Avenue	CITY Bonne Terre	STATE MO	ZIP CODE 63628
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DURING AN INSPECTION AND/OR EVALUATION OF YOUR Mission Kitchen

THE FOLLOWING CONDITIONS WERE OBSERVED AND MUST BE CORRECTED:

On this day, I met with Rev. Wiant and Richard Bouchard, maintenance, at the Centenary United Methodist Church. The purpose of the meeting was to walk through the kitchen and discuss requirements for their kitchen to come under inspection by this office. The kitchen currently provides a meal up to 150 people two times a month. The following observations and discussion were made:

- \*The 3-vat sink was directly plumbed with the vacuum vents plugged. Any sink in which food or equipment is placed must be indirectly plumbed (ie. air break provided in the drain). Please have a plumber access the feasibility of indirectly plumbing the sinks. If it is not feasible, provide a letter from the plumber to this affect.
- \*The mechanical dishwasher sanitizes using heat. Please ensure the rinse/sanitizing cycle reaches 180F before using the machine. The thermolabel turned black when tested, indicating the surface of the dish reached 160F.
- \*Test strips were not available to check the concentration of sanitizer in solutions. Please provide test strips for the type of chemical that will be in use (either chlorine bleach at 50 to 100 ppm, or quaternary ammonia at 150 to 200 ppm). If chlorine is used, prepare by mixing 1/2 to 1 teaspoon of regular, unscented bleach in each gallon of water to get 50 to 100 ppm chlorine.
- \*The sprayer on the pre-clean sink could rest below the rim of the sink. This provides a conduit for backflow of contaminated water. Please shorten the spray to provide an air gap between the sprayer head and the rim of the sink.
- \*There was one handwashing sink in the kitchen close to the staff bathroom. There was also a 2-vat sink closer to the serving line. Please designate one of the vats in the 2-vat sink as a handwashing sink and supply the sinks with a handwashing sign, soap and paper towels dispensed in a sanitary manner.
- \*Each bathroom used by female kitchen staff shall have at least one lidded trash can.
- \*A "wye" connector with a hose attached was installed on the mop sink faucet. To protect water from backflow, please install an American Society of Sanitary Engineering (ASSE) rated hose bibb vacuum breaker on each arm of the "wye" connector.
- \*All food shall come from an approved source (ie. inspected) and be stored and prepared on-site.
- \*Please separate and designate an area for storage of food and supplies that are not used for the Cornerstone Cafe.
- \*Please provide a completed "Application for Food Establishments" with supportive documentation by a pre-opening inspection.
- \*Because of the upcoming holidays, a pre-opening inspection will not be conducted until February. Please call the office to schedule an appointment in February.

INSPECTED BY Rose Mier <i>Rose Mier</i>	EPHS NUMBER 1390
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AGENCY NAME <b>St. Francois County Health Center</b>	TELEPHONE NUMBER <b>(573) 431 - 1947</b>	FAX NUMBER <b>(573) 454 - 2424</b>
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AGENCY ADDRESS <b>1025 W. Main Street/P.O. Box 367</b>	CITY <b>Park Hills</b>	STATE <b>MO</b>	ZIP CODE <b>63601</b>
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RECEIVED BY Rev. David Wiant <i>D. Wiant</i>	DATE November 30, 2017
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