

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

TIME IN 10:53 am	TIME OL	JΤ	11:0)2 am
DATE Dec. 18. 2017	PAGE	1	of	2

NEXT ROUTINE	INSPE	CTION, OR SUCH SHORTER P	ERIOD OF TIME	E AS MA	Y BE SP	ECIFIED	IN WF	RITING BY	THE REGULA	ILITIES WHICH MUST BE CORRECTION AUTHORITY. FAILURE TO		
ESTABLISHM	ME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY HMENT NAME: Dannese Steak and Sushi OWNER: Joan Kim DBA Ka								PERSON IN CHARGE: Joon Kim			
ADDRESS: 729 Sunset Drive					EST	ESTABLISHMENT NUMBER			COUNTY: St. Francois			
CITY/ZIP: Far	_				FAX	FAX: none			P.H. PRIORITY : H	М]L	
ESTABLISHMENT BAKERY RESTAUF		C. STORE CATER	ER R CENTER	DELI	I MER F.P.	П		ERY STOR		NSTITUTION MOBILE V	ENDOR	S
PURPOSE Pre-openii		#2 Routine Follow-up										
FROZEN DES			SEWAGE DI			ATER S				######################################		
	_	approved Not Applicable	_	PUBLIC PRIVAT		COM	NUNI	IY 📙	NON-CON Date San	MMUNITY		
License	: NO					ND INTE	RVEI	NTIONS				
			ree behaviors mo	ost comi	monly rep	orted to t	he Ce	nters for Dis		and Prevention as contributing factor	ors in	
foodborne illnes Compliance	ss outbre	eaks. Public health intervention Demonstration of I		easures	to prevei		ne illn mplian		_	Potentially Hazardous Foods	COS	S R
TUOUT		Person in charge present, dem		edge,		IN	DUT	N/A		king, time and temperature		+
4 (and performs duties Employee H	ealth					N/O N/A	Proper reh	leating procedures for hot holding		+
TUO NE		Management awareness; police				IN	DUT	N/O N/A	N/O N/A Proper cooling time and temperatures			
TUO		Proper use of reporting, restrict Good Hygienic F		on			OUT	N/O N/A		holding temperatures I holding temperatures		+
DUT N/O		Proper eating, tasting, drinking	or tobacco use					M/C N/A	Proper date	e marking and disposition		1
OUT N/C	D	No discharge from eyes, nose				IN	DUT	N/A	records)	oublic health control (procedures /		
OUT N/O		Preventing Contamina Hands clean and properly was				J/N	OUT	N/A	Consumer	Consumer Advisory advisory provided for raw or		+
OUT N/O	No bare hand contact with ready-to-eat foods or		or			dildoroo			ghly Susceptible Populations			
JM DUT	approved alternate method properly followed Adequate handwashing facilities supplied & accessible				IN	IN DUT N/O N/A Pasteurize offered			d foods used, prohibited foods not		+	
		Approved Sc								Chemical		
IN OUT W									ves: approved and properly used tances properly identified, stored and	t	+	
TN OUT	3,,					Conf			mance with Approved Procedures			
IN DUT N/C	Required records available: shellstock tags, parasite destruction Protection from Contamination			IN	IN OUT Compliand and HACC			e with approved Specialized Process P plan	3			
TUC MI	N/A	Food separated and protected	Italililation			The	eletter	to the left of	of each item in	ndicates that item's status at the time	of the	
TUO MI	N/A	Food-contact surfaces cleaned	& sanitized			insp	inspection.		anaa	OUT = not in compliance		
IN OUT NO	N/A		ed,		\blacksquare	N/A = not applicable N/O = not observed						
114 001 140	,	reconditioned, and unsafe food		CO(IL PRAC			ed On Site	R=Repeat Item		
		Good Retail Practices are preve	ntative measure						nemicals, and	physical objects into foods.		
IN OUT	Dist	Safe Food and Water		(cos I	R IN	OUT	_		per Use of Utensils	COS	R
		urized eggs used where required and ice from approved source				√			utensils: prope s, equipment a	and linens: properly stored, dried,		+
		Food Tomporature Co	otrol			√		handled		rice articles, properly stored wood		<u> </u>
	Adequ	Food Temperature Co late equipment for temperature of	control			√			used properly	rvice articles: properly stored, used		+
V	Appro	ved thawing methods used							Utensils,	Equipment and Vending		
	Therm	nometers provided and accurate				✓			nd nontood-co ed, constructe	ontact surfaces cleanable, properly d, and used		
		Food Identification				V		Warewa strips us		es: installed, maintained, used; test		
	Food	properly labeled; original contain				√			d-contact surf			
	Insect	Prevention of Food Contains, rodents, and animals not pres						Physical Facilities Hot and cold water available; adequate pressure		-	+-	
	Conta	mination prevented during food		age		√		Plumbing installed; proper backflow devices			1	
	and di Perso	splay nal cleanliness: clean outer cloth	ing, hair restrain	nt,	+		Cowara and wastewater preparty dispassed		ater properly disposed	+	+	
	finger	nails and jewelry				√		Toilet facilities: properly constructed, supplied, cleaned				₩
		g cloths: properly used and store and vegetables washed before u			+	√	┢	Garban	e/refuse prope	erly disposed; facilities maintained	+	+
						√			Il facilities ins	talled, maintained, and clean		
Person in Cha	arge /T	itle:	\mathcal{L}		Joon	Kim			Dat	e: December 18, 2017		
Inspector:	Ro	De Miss	Rose M	1ier		Telepho (573)4	ne No	o. EPH 947 1390	IS No. Fol	low-up: Yes	■ N	No.



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ESTABLISHMENT NAME Shogun Japanese Steak and Sushi		ADDRESS 729 Sunset Drive		CITY/ZIP Farmington 63640				
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/	LOCATION	TEMP. in ° F			
			No temperatures were take	en during this visit.				
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.							
	All priority items noted on the November 8, 2017 routine inspection have been corrected.							
NOTE	A copy of this inspection report	t will be emailed to Mr	r. Kim.					
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.							
			ne inspection have been correcte					
			PROVIDED OR COMMENTS					
Α	line through an item on page or	ne indicates that item	was either not observed or not a	pplicable.				
Person in Charge /Title: Joon Kim Date: December			Date: December 18	, 2017				
Inspector: 6	Poemia	Rose Mic	er (573)431-1947 1390	S No. Follow-up: Follow-up Date:	□Yes	■No E6.37A		