



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

TIME IN	2:54 pm	TIME OUT	5:46 pm
DATE	Jan. 24, 2018	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: The Cornerstone Cafe		OWNER: Centenary United Methodist Church		PERSON IN CHARGE: Richard Bouchard, Trustee Chair	
ADDRESS: 20 Park Avenue			ESTABLISHMENT NUMBER: 4829		COUNTY: St. Francois
CITY/ZIP: Bonne Terre 63628		PHONE: (573)358-2238		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 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>	
<input type="checkbox"/> IN <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 type="checkbox"/> IN <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	<input checked="" type="checkbox"/>		<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 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		
	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"/> VC <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used	<input checked="" type="checkbox"/>	
<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 type="checkbox"/> N/O <input checked="" type="checkbox"/> VA	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> VA	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/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		
		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 type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	<input checked="" type="checkbox"/>		<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input checked="" 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: <i>Richard Bouchard</i> Richard Bouchard, Trustee Chair		Date: January 24, 2018	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: Date: Jan. 30, 2018 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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

ESTABLISHMENT NAME The Cornerstone Cafe		ADDRESS 20 Park Avenue		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
True freezer, ambient		0	True 1-door cooler, ambient		30
Chest freezer, ambient		12	True 2-door cooler, ambient		40
Sloppy joes in crock pot		70-100	Slaw in True 2-door cooler (2 tubs)		35, 39
Sloppy joes after reheating on stovetop		177-209	Corn, stovetop, heated for hot holding		193-209

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.**

NOTE	This facility cooks, cools, reheats and hot holds. Please monitor temperature and time during each process. A) Cook food to minimum internal temperature (poultry 165F, ground meats 155F, fish and seafood 145F) B) Cool food from 135F to 70F within two hours, then from 70F to 41F within an additional four hours. Facilitate cooling by slicing, separating, placing in shallow containers, placing containers in an ice water bath, adding ice or ice water as an ingredient, stirring; if covered, provide vents for steam to escape. C) Rapidly reheat fully cooked foods to 165F or 15 seconds (must reach 165F within two hours). Food that is commercially prepared and packaged and be heated to 135F if freshly opened. D) Hold food hot at 135F or higher		
4-501.114A	The chlorine concentration in two spray bottles was greater than 200 ppm. Chlorine shall be 50 to 100 ppm in sanitizer solutions. Please use test strips to ensure sanitizer is at correct strength. Prepare chlorine sanitizer by mixing 1/2 to 1 teaspoon of regular, unscented bleach in 1 gallon of water. CORRECTED ON SITE by diluting to 100 ppm.	COS	
7-201.11B	Three canisters of Sterno cooking fuel was stored in a wall cabinet with food. Chemicals shall be stored separately from or below food. Please move the fuel to an area where food, clean equipment, clean linens, and single-use items cannot be contaminated. CORRECTED ON SITE by moving to chemical storage area.	COS	
4-601.11A	Dried food debris was observed on a dough cutter in a drawer by the stove. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the utensil. CORRECTED ON SITE by moving cutter to warewashing area.	COS	

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.**

4-904.11B	A crock of cooking utensils, stored on the counter by the stove, were stored with their handles down. Utensils shall be stored with their handles up to prevent contamination of the food contact surface when retrieving. Please store utensils with handles up.	1/30/18	RB
5-205.11B	A plastic cover was stored in the handwashing sink by the True freezer. Handwashing sinks shall be used only for handwashing. CORRECTED ON SITE by moving cover out of sink.	COS	↓
4-903.11A	A box of styrofoam cups was stored on the floor by the chest freezer. Single-use items shall be stored a minimum of six inches off the floor. Please store cups on a pallet or shelf.	1/30/18	
6-202.14A	The door on the staff bathroom was not self-closing. Bathroom doors shall be self-closing and tight-fitting. Please install a closing device to make this door fully self-closing.		
5-203.11	There is a sink by the beverage dispensing station, but it was not designated as as handwashing sink. Handwashing sinks shall be provided in a convenient location in areas of food dispensing. Please place a sign at this sink to designate it as a handwashing sink.		
3-304.14	Wet wiping cloths were observed on work area counters. Wet wiping cloths shall be stored in sanitizer between uses. Sanitizer shall be changed when soiled, and wiping cloths placed in a the laundry when soiled. Please provide containers of sanitizer to store wet wiping cloths. Dry wiping cloths may be used for cleaning food spills, but may be used for one purpose only and placed in laundry when damp or soiled.		
4-904.11B	Utensils for self-service were stored in a flat container and unprotected from consumers. Utensils for self service shall be presented so that only the handles are touched by consumers. Please provide the utensils in such a manner that they are presented with handles only.		

EDUCATION PROVIDED OR COMMENTS

— A line through an item on page one indicates the item was not applicable.

Person in Charge Title: <i>R Bouchard</i>	Richard Bouchard, Trustee Chair	Date: January 24, 2018
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: Jan. 30, 2018



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

ESTABLISHMENT NAME The Cornerstone Cafe	ADDRESS 20 Park Avenue	CITY /ZIP Bonne Terre 63628
--	---------------------------	--------------------------------

FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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.	Correct by (date)	Initial
----------------	--	-------------------	---------

4-601.11A	Mold was observed on the inside of the ice maker. Food contact surfaces shall be clean to sight and touch. Please discard ice, wash, rinse, sanitize, and air dry before returning to service.	1/30/18	RB ↓
2-301.14H	Some of the workers did not wash their hands before putting on gloves. Hands shall be washed before putting on gloves, or changing gloves. CORRECTED ON SITE by discussion of rule and washing hands.	COS	
3-403.11A	Sloppy joes were being reheated in crockpots. After 1.5 hours, the temperature of the food was less than 100F. Food shall be rapidly reheated to 165F for 15 seconds for hot holding. CORRECTED ON SITE by discussion with staff and reheating to temperatures above 165F on the stovetop.	COS	
NOTE	Standard Operating Procedures have not been provided on the Application for Food Establishments. It is planned a food manager will be hired for this kitchen. Please request the manager complete the Application for Food Establishments by providing the information missing, as explained in the plan review letter. The letter was provided to Mr. Bouchard during this visit.		

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.	Correct by (date)	Initial
----------------	---	-------------------	---------

4-203.11B	The food thermometer read 28F when the actual temperature of the ice water was 32.5F. Thermometers shall be accurate to within +/- 2F. Please calibrate thermometers frequently to ensure accuracy. CORRECTED ON SITE by calibrating the thermometer.	COS	
-----------	---	-----	--

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Richard Bouchard</i>	Richard Bouchard, Trustee Chair	Date: January 24, 2018
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: Jan. 30, 2018