



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

| | | | |
|---------|----------|----------|---------|
| TIME IN | 9:00am | TIME OUT | 10:40am |
| DATE | 10-13-15 | 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: Bismarck Church Of God Food Pantry | | OWNER: Bismarck Church Of God | | PERSON IN CHARGE: Rose Adams | |
| ADDRESS: 1101 Gifford St. | | | ESTABLISHMENT NUMBER: 4691 | | COUNTY: 187 |
| CITY/ZIP: Bismarck, 63624 | | PHONE: 573-330-9944 | | FAX: na | |
| 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 type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input checked="" type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD | | | | | |
| 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper cooking, time and temperature | | |
| Employee Health | | | | | | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper cooling time and temperatures | | |
| Good Hygienic Practices | | | | | | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking or tobacco use | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper hot holding temperatures | | |
| <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/O <input checked="" type="checkbox"/> N/A | Proper cold holding temperatures | | |
| Preventing Contamination by Hands | | | | | | | |
| <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 | Proper date marking and disposition | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Time as a public health control (procedures / records) | | |
| <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 | Consumer Advisory | | |
| Approved Source | | | | | | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Pasteurized foods used, prohibited foods not offered | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Chemical | | |
| Protection from Contamination | | | | | | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT <input type="checkbox"/> N/A | Food separated and protected | | ✓ | | Food additives: approved and properly used | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | | | | Toxic substances properly identified, stored and used | | ✓ |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | Conformance with Approved Procedures | | |
| 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 | | | | | | | |

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"/> | Adequate equipment for temperature control | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored, used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | | | Utensils, Equipment and Vending | | | | |
| Food Identification | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| Prevention of Food Contamination | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Insects, rodents, and animals not present | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage and display | | ✓ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Nonfood-contact surfaces clean | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | Physical Facilities | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fruits and vegetables washed before use | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sewage and wastewater properly disposed | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

| | | | | | |
|---|-----------------------------|---------------|--|--|--|
| Person in Charge /Title: <i>Rose Adams</i> Rose Adams | | | Date: October 13, 2015 | | |
| Inspector: <i>John Wiseman</i> John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | Follow-up Date: 10-27-15 | | |



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| ESTABLISHMENT NAME Bismarck Church Of God Food Pantry | | ADDRESS 1101 Gifford St. | | CITY /ZIP Bismarck, 63624 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Kenmore chest freezer in front room | | 4 | Kenmore chest freezer #3 | | 0 |
| True 3-door glass front cooler | | 42 | Kenmore chest freezer #4 | | 4 |
| Frigidaire freezer #5 | | 10 | Whirlpool refrigerator | | 38 |
| Chest freezer #1 | | 0 | | | |
| Kenmore chest freezer #2 | | 12 | | | |

| 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 |
|----------------|--|-------------------|---------|
| 30302.11 A1b | Raw pork sausage was observed stored intermingled with ready to eat pulled chicken. Food shall be protected from cross contamination by separating raw animal foods from cooked and ready to eat foods. COS by separating foods. | COS | |
| 6-501.111 ABCD | Dead insects were observed on the walls and floor of the dry storage room in the front area and in the facility restroom. The presence of insects and other pests shall be controlled to minimise their presence on the premises. Control measures shall include: routinely inspecting incoming shipments of supplies, routinely inspecting the premises for evidence of pests, using traps or professional control services, and eliminating harborage conditions. Please remove evidence of pest and continue to monitor for their presence. | 10-27-15 | RA |
| 7-202.11A | A can of Raid ant killer was observed on a shelf in the front room of the facility. Only those toxic materials that are required for the operation and maintenance of a food establishment shall be allowed in the establishment. Please remove the ant killer from the premises. COS by removing from the premises. | COS | |

| 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 |
|----------------|--|-------------------|---------|
| 6-20215.A 3 | Daylight was observed at the bottom of the walk-out entry doors. The outer openings of a food establishment shall be protected against the entry of insects and rodents by use of solid, tight fitting doors. Please repair the gap at the bottom of the door. | 10-27-15 | |
| 3-305.12I | The middle door of the three-door glass-front True cooler in the front room was observed to be broken. Shards of broken glass were observed clinging to the edges of the inner pane of the door. Cases of yogurt were observed stored inside this same cooler. This condition presents a possible source of physical contamination. Food may not be stored under sources of contamination. Please relocate the food in this refrigerator and do not store food in this unit until remnants of the broken glass have been removed from the cooler. COS by removing the yogurt from the cooler and relocating to the Whirlpool refrigerator. | COS | RA |
| 4-601.11C | Dirt and debris was observed in the door glides of the True three-door glass-front cooler. Non-food contact surfaces shall be cleaned as often as necessary to keep clean. Please clean the door glides as often as necessary to keep clean. | 10-27-15 | |
| 6-501.12A | Dirt and debris was observed on the floor below the shelving in the back room and in the canned food room. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean this area. | | |
| 4-601.11C | Debris was observed within most of the chest freezers in the facility. Non-food contact surfaces shall be cleaned as often as necessary to keep clean. Please clean debris from all cooling units. | | |

EDUCATION PROVIDED OR COMMENTS

| | | |
|---|-----------------------------|--|
| Person in Charge /Title: <i>Rose Adams</i> Rose Adams | | Date: October 13, 2015 |
| Inspector: <i>John Wiseman</i> John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 |
| | | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Follow-up Date: 10-27-15 |