



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

TIME IN	3:44 pm	TIME OUT	5:45 pm
DATE	May 21, 2015	PAGE	1 of 4

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: Bonne Terre Family Fun Center		OWNER: Sharo Shirshekan		PERSON IN CHARGE: Joe Hill	
ADDRESS: 111 Old Orchard Road			ESTABLISHMENT NUMBER: 4663		COUNTY: 187
CITY/ZIP: Bonne Terre 63628		PHONE: (573)358-5007		FAX: (573)358-4380	
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 checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O 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/O N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT 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	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT 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 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 type="checkbox"/> IN <input checked="" type="checkbox"/> Q/C	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"/> 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 N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		<input checked="" type="checkbox"/>
		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"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: Joe Hill		Date: May 21, 2015	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Lettuce, make table, top	38	Cut tomatoes, make table, top	37
Hot dogs, make table, top	38	Brats, make table, top	36
Ambient, make table, bottom	38	Ambient, hot hold cabinet	150
Ambient, pizza make table, bottom	40	Ambient, pizza hot hold cabinet	141
Ambient, drawers	10, 15, 5	Ambient, 1/2 freezer	18

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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	Temperatures, continued, ambient in degrees Fahrenheit: Nacho cheese dispenser - 145 Glass-front True beverage cooler - 40 Beer cooler, in bar - 36 Ice cream freezer - 22 Chest beer cooler, next to ice cream freezer - 36 1/2 freezer - 0		
7-102.11	A spray bottle of blue liquid, stored in the cabinet beneath the handwashing sink in the front kitchen, was not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label. CORRECTED ON SITE by labeling bottle.	COS	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

6-501.14A	Accumulation of dust observed on the back grate of the portable floor fan. Ventilation systems shall be cleaned so they are not a source of contamination. Please clean. CORRECTED ON SITE by cleaning fan grates	COS	
4-601.11C	Debris observed in the cabinet below the handwashing sink in the front kitchen area. Non food contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean. CORRECTED ON SITE by cleaning	COS	
4-601.11C	Debris and mold observed on the ledge of the sliding doors of the beer cooler next to the ice cream freezer. Please clean as often as needed to keep clean. CORRECTED ON SITE by cleaning door ledges.	COS	
4-601.11C	Blue crates on which glasses were stored in the beer cooler in the bar was observed with mold growth. Please wash, rinse, and sanitize crates as often as needed to keep clean. CORRECTED ON SITE by moving crates to 3-vat sink for cleaning.	COS	
6-501.18	The mop sink was dirty. Plumbing fixtures shall be cleaned as often as needed to keep clean. Please clean after use. CORRECTED ON SITE by cleaning	COS	
4-802.11A	A soiled rag was observed hanging on the mop sink. Soiled linens that do not come in direct contact with food shall be laundered if they become wet or visibly soiled. Please place rag in laundry receptacle. CORRECTED ON SITE by moving rag to laundry	COS	

EDUCATION PROVIDED OR COMMENTS

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Hamburger, pizza prep cooler, top	37	Sausage, pizza prep cooler, top	35
Pepperoni, pizza prep cooler, top	39	Ambient, walk-in beer cooler	33
Ambient, walk-in freezer	5	Ambient, walk-in cooler	40

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6-501.12A	An accumulation of debris was observed on the floor in the mop room by the bar. Physical facilities shall be cleaned as often as needed to keep clean. Please clean. CORRECTED ON SITE by cleaning floor	COS	
6-501.12A	Debris observed under the sink in the women's bathroom. Please clean facility as often as needed to keep clean. CORRECTED ON SITE by cleaning floor	COS	
6-501.12A	Splatters and soil observed on wall by the door and on the door around the handle inside the women's bathroom. Please clean.	5/22/15	
6-501.12A	Splatters observed on the wall by the sink, on the door, and by the door on the inside of the men's bathroom. Please clean.	5/22/15	
6-501.12A	Accumulation of debris in and around the mop sink by the laundry, and a soiled rag was on the floor. Please clean. CORRECTED ON SITE by cleaning	COS	
3-304.12B	The handles of scoops were in contact with the food in four bulk containers of flour and sugar on the shelf below the Kitchen Aid mixer in the back work room. In-use utensils shall be stored with their handles above the surface of non-potentially hazardous food. Please store scoops correctly. CORRECTED ON SITE by positioning handles above food	COS	
5-205.15B	A leak was observed under the 2-vat sink in the warewash room. Plumbing shall be maintained in good condition. Please repair.	5/28/15	

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4-901.11B	Paper towels were used to line the drainboards of the 2-vat and 3-vat sinks. Towels (cloth or paper) may not be used for draining equipment and utensils. Please dry on grates or racks.	5/21/15	JH
4-302.14	Sanitizer test strips were not available upon request. Please supply test strips to check the concentration of sanitizer in solutions (quaternary ammonia sanitizer test strips).	5/28/15	

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