



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

TIME IN	4:29 pm	TIME OUT	6:10 pm
DATE	May 5, 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: Brightwell Park Concession Stand		OWNER: City of Desloge	PERSON IN CHARGE: J. W. Coale		
ADDRESS: East Cedar Street and South School Street		ESTABLISHMENT NUMBER: 4534	COUNTY: St. Francois		
CITY/ZIP: Desloge 63601	PHONE: 573.330.431.1094	FAX: none	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L		
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					
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
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		
<b>Employee Health</b>				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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/A	Proper cooling time and temperatures		
<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		
<b>Good Hygienic Practices</b>				<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)		
<b>Preventing Contamination by Hands</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Consumer Advisory</b>		
<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	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				<b>Highly Susceptible Populations</b>		
<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		
<b>Approved Source</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Chemical</b>		
<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"/> OUT	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<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		
<b>Protection from Contamination</b>				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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected	<input checked="" type="checkbox"/>					
<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	COS	R	IN	OUT	COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Pasteurized eggs used where required			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment and linens: properly stored, dried, handled		
<b>Food Temperature Control</b>				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate equipment for temperature control			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Approved thawing methods used			<b>Utensils, Equipment and Vending</b>			
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Thermometers provided and accurate	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Nonfood-contact surfaces clean		
<b>Prevention of Food Contamination</b>				<b>Physical Facilities</b>			
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Insects, rodents, and animals not present	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used and stored			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned		
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Fruits and vegetables washed before use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained		
				<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>J. W. Coale</i>		J. W. Coale	Date: June 5, 2018	
Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:		



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

ESTABLISHMENT NAME Brightwell Park Concession Stand		ADDRESS East Cedar Street and South School Street		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
RCA freezer, ambient		0	Ambient, chest freezer		8
RCA refrigerator, ambient		38	Hot dogs, hot hold		146
RCA refrigerator, hot dogs		36			
Ambient, glass front candy refrigerator		50			
Ambient, glass front beverage refrigerator		38			

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
3-302.11A	Raw hamburger was stored above jars of pickles in the refrigerator. Food shall be stored to prevent cross contamination. Please store all raw animal foods below all other foods. COS by moving hamburger to lower shelf and maintaining separation between the pickle jars and hamburger packages.	COS	
4-501.114A	Chlorine concentration in the spray bottle holding sanitizer was greater than 200 ppm. Chlorine shall be at 50 to 100 ppm in sanitizer solutions. Please use test strips to ensure sanitizer solutions have the correct chlorine concentration. Make sanitizer solutions by mixing approximately 1/2 to 1 teaspoon of regular, unscented bleach in each gallon of water. COS by remaking to 50 ppm	COS	
7-202.12A	Two containers of bleach were stored below the sink. One held lemon-scented bleach, the other unscented bleach. Please use only regular, unscented bleach for sanitizer preparation. Scented bleach may be used for non-food contact surfaces. COS by removing scented bleach from facility.	COS	
3-403.11D	Cheese sauce and chili are freshly opened each time the concession stand is open. The cheese and chili are placed in a hot hold unit and heated. During this visit, the food was placed in the heating unit at approximately 4:20 pm. The temperature of the food was chili 113F, cheese 114F and 110F at 5:45 pm. Food that is newly opened from commercial packaging shall be heated to a minimum temperature of 135F within two hours for hot holding. Please monitor food temperatures while heating to ensure the correct temperature is obtained within two hours. COS by microwaving cheese sauces and chili to 135+F.	COS	
4-601.11A	According to manager, the snow cone maker is not cleaned and sanitized after use. Food contact surfaces shall be washed, rinsed, and sanitized. Please clean and sanitize the ice chipper and the ice holder after each use. COS by discussion of rule and agreeing to clean and sanitize after use.	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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
4-204.112	Thermometers were not found in the RCA refrigerator or freezer. Thermometers shall be located in convenient-to-read locations in the warmest part of the coolers. Please install an accurate thermometer in the freezer, and one in the refrigerator. COS by placing thermometer in refrigerator	COS	
6-501.112	Spider webs and dead insects were observed behind the window curtains, in some of the base cabinets, and along the sides of both glass-front beverage coolers. Facility shall be free of pests. Please remove all dead insects and spider webs. COS by removing spider webs and insects.	COS	
6-501.14A	The air conditioner vents were very dusty. Ventilation systems shall not be a source of contamination. Please clean air return vents on the AC unit as often as needed to keep clean.	6/7/18	
6-501.14A	Accumulation of dust and debris was observed on the wall-mounted fan. Please clean all surfaces of the fan as often as needed to keep clean.	6/7/18	
6-301.12	There were no paper towels or trash cans in any of the bathrooms used by staff, and no sign in one of them. Bathrooms used by staff shall have paper towels or a warm hand dryer. All bathrooms shall have a trash can inside the bathroom; bathrooms used by females shall have a trash can with a lid. Signs shall be installed to remind users of the importance of washing hands. Please have the city install hand dryers or paper towels in dispensers, and trash cans. Please install a handwashing sign in bathrooms lacking a sign.	6/7/18	
5-501.16C			
4-501.11B	The glass-front refrigerator holding candy and bottled water had an ambient temperature of 50F. There was no potentially hazardous food held in this cooler. Please do not use this cooler for potentially hazardous food until it is repaired to reliably hold food at 41F or lower.	6/15/18	

EDUCATION PROVIDED OR COMMENTS

NOTE: A line through an item on page one indicates the item was not observed or is not applicable.

Person in Charge /Title: <i>J. W. Coale</i>		J. W. Coale	Date: June 5, 2018
Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date:



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

ESTABLISHMENT NAME Brightwell Park Concession Stand	ADDRESS East Cedar Street and South School Street	CITY /ZIP Desloge 63601
--	--	----------------------------

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
----------------	--	-------------------	---------

4-101.11A	Black medical exam gloves were used for single-use food service gloves. These gloves are not designed for food-contact and may impart deleterious substances to the food. Please provide and use only food service single-use gloves. NOTE: food grade gloves were available; COS by using the food grade gloves and removing the medical exam gloves from the facility.	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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
----------------	---	-------------------	---------

--	--	--	--

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>J. W. Coale</i>	J. W. Coale	Date: June 5, 2018
Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)-431-1947   EPHS No. 1390
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: