



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

TIME IN	11:52 am	TIME OUT	1:21 pm
DATE	June 8, 2018	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: Family Fun Center		OWNER: Sharo Shirshekan		PERSON IN CHARGE: Joe Hill	
ADDRESS: 111 Old Orchard Road			ESTABLISHMENT NUMBER: 4663		COUNTY: St. Francois
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		
	<b>Employee Health</b>			<input checked="" type="checkbox"/> OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN OUT 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 N/O N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> OUT 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 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 OUT N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			<input type="checkbox"/> IN 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				<b>Highly Susceptible Populations</b>		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN OUT N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>				<b>Chemical</b>		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<input type="checkbox"/> IN OUT N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN 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 checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized		<input checked="" type="checkbox"/>				
<input type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	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 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		
		<b>Food Temperature Control</b>			<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		
		Approved thawing methods used					<b>Utensils, Equipment and Vending</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		<input checked="" type="checkbox"/>
		<b>Food Identification</b>			<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		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<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 type="checkbox"/>	<input checked="" 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: June 8, 2018	
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 ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Family Fun Center		ADDRESS 111 Old Orchard Road		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Chicken, deep fryer		198	Sandwich prep cooler, top: cut tomatoes, hot dogs		36, 38
True freezer, service area, ambient		9	Sandwich prep cooler, bottom: ambient, raw chicken		37, 38
Drawer freezers, service area, ambient		21, 14, 11	Pizza prep cooler, top: cheese, sausage		34, 35
Pizza cabinet, hot hold, ambient (empty)		136	Pizza prep cooler, bottom: ambient		35
Heated Vulcan cabinet		138	Cheese, dispenser		148

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
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NOTE	TEMPERATURES, continued, in degrees Fahrenheit: Beer cooler, service area 33; ice cream freezer, service area 2; glass front cooler 33 Chest beer coolers, bar, ambient: 36, 28 Walk-in cooler: ambient 37, pizza 38; Walk-in freezer, ambient: -3; hamburger, grill 192		
4-601.11A	Debris observed inside the microwave, located on the service counter. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize microwave at least every four hours when in continual use. COS by cleaning inside of microwave.	COS	
4-501.114A	The sanitizer concentration in the solution by the handwashing sink was greater than 400 ppm. Quaternary ammonia concentration shall be between 200 and 400 ppm. Please use test strips to ensure sanitizer is at the correct concentration. COS by diluting to correct concentration.	COS	
4-601.11A	Debris observed on the blade of the table-mounted can opener. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize blade after use. COS by taking to 3-vat sink for cleaning.	COS	
NOTE	According to the manager, a flood occurred inside this facility when a water pipe junction came apart in the ceiling. Our office was not notified. When an imminent health hazard occurs, such as a flood, fire, extended electrical outage, water main break, etc., our office shall be notified.		

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
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6-3051.11	There was no soap at the handwashing sink at the bar entry area. Soap shall be supplied at all times.	6/9/18	J.H.
4-101.7A	Three wooden spoons were stored in a container in the baking area. Wood may not be used as a food contact surface unless it is made out of a dense, hard wood, such as hard maple. COS by removing from facility.	COS	
6-501.14	Ceiling tile in the back work and storage areas were stained from a leaking water pipe in the ceiling several months ago. The leak was repaired, and all equipment was cleaned. Any food packages that were wet were discarded. Please replace missing ceiling tiles, and paint or replace stained ceiling tiles.	6/18/18	
5-501.115	Trash was observed around the outside trash dumpster. Please keep dumpster area clean to prevent pest attraction and harborage.	6/9/18	
5-501.113	The lids were open on the outside trash dumpster. Please keep lids closed.	6/8/18	
6-301.12	There were no paper towels in the women's bathroom. Please provide paper towels at all times at all handwashing sinks. COS by installing paper towels.	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge (Title): <i>Joe Hill</i>	Joe Hill	Date: June 8, 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: