



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

TIME IN	11:26am	TIME OUT	1:37pm
DATE	9-5-18	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: Barney's Gas and Mini Mart		OWNER: Steve Erchien		PERSON IN CHARGE: Eric Erchien	
ADDRESS: 9217 Berry Rd.			ESTABLISHMENT NUMBER: 0006		COUNTY: 187
CITY/ZIP: Bonne Terre, 63628		PHONE: 573-358-7005		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 checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input 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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled pending _____ 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"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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/O <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/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 <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				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"/> 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 <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 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 type="checkbox"/>	<input checked="" 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				<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" 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		
		Prevention of Food Contamination				<input checked="" type="checkbox"/>	Physical Facilities		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		
<input type="checkbox"/>	<input checked="" 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 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: Eric Erchien		Date: September 5, 2018	
Inspector: John Wiseman	Telephone No. (573)431-1947	EPHS No. 1507	Follow-up: Follow-up Date: 9-24-18 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



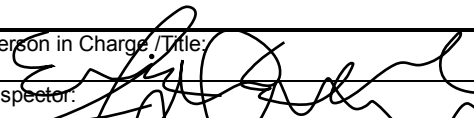

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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Barney's Gas and Mini Mart		ADDRESS 9217 Berry Rd.		CITY /ZIP Bonne Terre, 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Meat and cheese case amb		38	Beer cooler (no PHFs)		48
Sliced beef in meat case		41			
Walk-in cooler amb		50			
Hot dogs in walk-in cooler		50			
Edessa freezer #1 & #2		0, 0			

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
6-501.111	Spider webs and rodent droppings were observed in the cabinet below the hand wash sink in the deli area. The presence of insects and rodents shall be controlled to minimize their presence on the premises. Please clean this area and take action to control pests.	9-5-18	[Handwritten Initials]
3-501.16B	The ambient temperature of the the walk-in cooler was measured at 48F. Food in this cooler was measured at 48F. Potentially hazardous foods held refrigerated shall be held at 41F or less. All of the PHFs in this cooler were moved to a different cooler. Do not place potentially hazardous food in this cooler until it has be determined to maintain food temperatures of 41F or less.	9-5-18	
7-201.11B	A bottle of spray cleaner was observed atop a soda syrup box in the bag-in-bos storage area. Toxic materials shall be stored where they cannot contaminate food, equipment, single use items or clean linens. Please store all cleaning chemicals away from food items. COS by removing the cleaner. Note: This facility is served by an on-site wastewater treatment system and a private well. The well water will be sampled at the time of the follow-up inspection.	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
4-101.19	The formica waring surface is worn through to the substrate on the prep counter in the deli. Non-food contact surfaces of equipment that are exposed to splash, spillage, food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, non-absorbent and smooth material. Please replace the counter surface to restore it to a cleanable condition.	9-24-18	[Handwritten Initials]
4-903.11A	A piece of beverage equipment was stored below the three compartment sink. Food equipment may not be stored below plumbing. COS by moving the equipment.	COS	
6-501.14A	An accumulation of dust and mold was observed inside the vents of the wall-mounted AC above the slicer and food prep counter. Intake and exhaust vents shall be cleaned so they are not a source of contamination by dust, dirt, and other materials. Please clean the AC vent.	9-24-18	
4-501.11B	The door seal on the walk-in cooler door is broken. Equipment components such as door seals shall be intact and in good repair. Please replace the door seal.	/	
3-305.11	A carton of fishing worms was stored above food in the walk-in cooler. Food shall be protected from sources of contamination. COS by relocating the worms.	COS	
6-202.11A	Incandescent and fluorescent light bulbs are installed inside the walk-in cooler without shielding. Light bulbs shall be shielded or shatter resistant in areas of food preparation or storage. Please shield the light bulbs or replace with shatter resistant bulbs.	9-24-18	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:  Eric Erchien		Date: September 5, 2018
Inspector:  John Wiseman	Telephone No. (573) 431-1947	EPHS No. 1507
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 9-24-18



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

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4-203.12B	Ambient thermometers inside the meat and cheese case are inaccurate. Thermometers in cold holding units shall be accurate to within three degrees F. Please replace the thermometer in the case.	9-24-18	
6-501.114	The North Star ice cream freezer is not in use. An accumulation of dirty water was observed in the bottom of the freezer. The premises shall be free of items that are unnecessary to the operation and maintenance of a food establishment such as equipment that is no longer functional or no longer used. Please remove unused equipment.		
4-601.11A	Spider webs and dust were observed on counter surfaces below equipment in the beverage station area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean this area.		
6-501.12A	Dust, dirt, and spider webs were observed in bag-in-box storage area below the soda fountains in the beverage station area. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean this area.		
6-501.12A	An accumulation of dust was observed on retail shelving. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean retail shelving.		
5-202.12A	Water was shut off to the hand wash sink in the employee restroom. Cold water was not available at all. Hand wash sinks shall be provided with hot and cold running water through a mixing faucet. Please ensure that hot and cold water is available at the sink at all times.		

EDUCATION PROVIDED OR COMMENTS

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	EPHS No. 1507	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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