



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

|         |         |          |         |
|---------|---------|----------|---------|
| TIME IN | 10:37am | TIME OUT | 11:55am |
| DATE    | 9-10-18 | 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:<br>Bismarck Senior Center                                                                                                                                                                                                                                                                                                      |  | OWNER:<br>Aging Matters                                                                        | PERSON IN CHARGE:<br>Jean Talliaferro                                                                                                                                        |                                                                                                             |  |
| ADDRESS:<br>922 Center Street                                                                                                                                                                                                                                                                                                                      |  | ESTABLISHMENT NUMBER:<br>0768                                                                  | COUNTY:<br>187                                                                                                                                                               |                                                                                                             |  |
| CITY/ZIP:<br>Bismarck, 63624                                                                                                                                                                                                                                                                                                                       |  | PHONE:<br>573-734-2429                                                                         | FAX:<br>573-734-2648                                                                                                                                                         | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input checked="" 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<br><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<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____                                                                                                                                                                        |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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"/> OUT                                                                                       | Management awareness; policy present                                                        |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                                                                                                                                                                    | Proper cooling time and temperatures                   |     |   |
| <b>Good Hygienic Practices</b>                                                                                                |                                                                                             |     |   |                                                                                                                                                                                                                                                                                                |                                                        |     |   |
| <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 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                       |     |   |
| <b>Preventing Contamination by Hands</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                                                                                                                                                                                               | Proper date marking and disposition                    |     |   |
| <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 |     |   |                                                                                                                                                                                                                                                                                                | 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                                      |     |   |
| <b>Approved Source</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                                                                                                                                                                                               | Consumer advisory provided for raw or undercooked food |     |   |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                                                                                                                                                                               | Chemical                                               |     |   |
| <b>Protection from Contamination</b>                                                                                          |                                                                                             |     |   |                                                                                                                                                                                                                                                                                                |                                                        |     |   |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                                                          | Food separated and protected                                                                |     |   | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance                      OUT = not in compliance<br>N/A = not applicable                      N/O = not observed<br>COS=Corrected On Site                      R=Repeat Item |                                                        |     |   |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT <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 type="checkbox"/>               | <input checked="" 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"/> | 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                                                  |     |   | <b>Utensils, Equipment and Vending</b> |                                     |                                                                                       |     |   |
| <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 |     |   |
| <b>Food Identification</b>              |                          |                                                                                     |     |   |                                        |                                     |                                                                                       |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Food properly labeled; original container                                           |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <b>Prevention of Food Contamination</b> |                          |                                                                                     |     |   |                                        |                                     |                                                                                       |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Insects, rodents, and animals not present                                           |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | Nonfood-contact surfaces clean                                                        |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Contamination prevented during food preparation, storage and display                |     |   | <b>Physical Facilities</b>             |                                     |                                                                                       |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | Hot and cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Wiping cloths: properly used and stored                                             |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | Plumbing installed; proper backflow devices                                           |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Fruits and vegetables washed before use                                             |     |   | <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                                  |     |   |

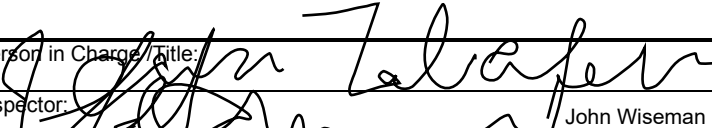
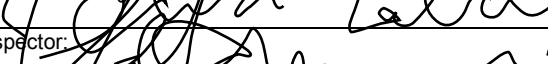
|                                                                       |                                 |                          |                                                                                                           |
|-----------------------------------------------------------------------|---------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|
| Person in Charge (Title):<br><i>Jean Talliaferro</i> Jean Talliaferro |                                 | Date: September 10, 2018 |                                                                                                           |
| Inspector:<br><i>John Wiseman</i> John Wiseman                        | Telephone No.<br>(573) 431-1947 | EPHS No.<br>1507         | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Follow-up Date: 9-21-18 |



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|                                              |                                                                                                                                                                                                                                                                                              |                              |                        |                              |                   |         |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------|------------------------------|-------------------|---------|
| ESTABLISHMENT NAME<br>Bismarck Senior Center |                                                                                                                                                                                                                                                                                              | ADDRESS<br>922 Center Street |                        | CITY /ZIP<br>Bismarck, 63624 |                   |         |
| FOOD PRODUCT/LOCATION                        |                                                                                                                                                                                                                                                                                              | TEMP. in ° F                 | FOOD PRODUCT/ LOCATION |                              | TEMP. in ° F      |         |
| Hot hold meatballs                           |                                                                                                                                                                                                                                                                                              | 156                          | True cooler #1         |                              | 32                |         |
| Hot hold mixed veg                           |                                                                                                                                                                                                                                                                                              | 177                          | True cooler #2         |                              | 38                |         |
| Hot hold mashed potatoes                     |                                                                                                                                                                                                                                                                                              | 168                          | Walk-in cooler         |                              | 36                |         |
| Milk from dispenser                          |                                                                                                                                                                                                                                                                                              | 37                           | Walk-in freezer        |                              | 0                 |         |
| Whirlpool chest freezer                      |                                                                                                                                                                                                                                                                                              | 10                           |                        |                              |                   |         |
| Code Reference                               | <b>PRIORITY ITEMS</b><br>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 |
| 4-501.114 A                                  | Chlorine was not detected in the rinse cycle of the Champion dishwasher in the kitchen. Chlorine sanitizers shall be present at concentrations of 50 - 100 ppm. Until the dishwasher has been repaired, sanitize all food equipment in the three compartment sink.                           |                              |                        |                              | 9-21-18           |         |
| 4-501.114 A                                  | Chlorine was not detected in the sanitizer bucket in the kitchen. Chlorine sanitizers shall be present at concentrations of 50 - 100 ppm. COS by remaking the sanitizer.                                                                                                                     |                              |                        |                              | COS               | J       |
| 7-201.11B                                    | Boxes of drinking straws were observed stored with containers of cleaning chemicals in the dry storage room. Toxic materials shall be stored so they cannot contaminate food, equipment, utensils, linens, and single use items. COS by moving the straws.                                   |                              |                        |                              | COS               |         |
| Code Reference                               | <b>CORE ITEMS</b><br>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 |
| 3-304.12B                                    | The handle of the scoop in the bulk salt container was in contact with the food. Food dispensing utensils shall be stored with their handles above the surface of the food. COS by moving the scoop.                                                                                         |                              |                        |                              | COS               | J       |

EDUCATION PROVIDED OR COMMENTS

|                                                                                                                                |  |                             |               |                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|---------------|--------------------------------------------------------------------------------|--|
| Person in Charge / Title:  Jean Palliaferro |  |                             |               | Date: September 10, 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: 9-21-18                                                                                                        |  |                             |               |                                                                                |  |