



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

TIME IN	1:23 pm	TIME OUT	1:56 pm
DATE	Oct. 9, 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: BSG	OWNER: Ivan Eaton DBA BSG	PERSON IN CHARGE: Julie Abel
ADDRESS: 406 Benham Street	ESTABLISHMENT NUMBER: 4779	COUNTY: St. Francois
CITY/ZIP: Bonne Terre 63628	PHONE: (573)358-5100	FAX: (573)358-5100
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 checked="" type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" 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"/> 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> NO <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed				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"/> NO <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source				Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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"/> NO <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							
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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
Safe Food and Water				Proper Use of Utensils			
<input type="checkbox"/> IN <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control				<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			Utensils, Equipment and Vending			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided and accurate			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, used; test strips used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food properly labeled; original container		<input checked="" type="checkbox"/>	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Nonfood-contact surfaces clean		<input checked="" type="checkbox"/>
Prevention of Food Contamination				Physical Facilities			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present			<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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Julie Abel</i>	Julie Abel	Date:	October 9, 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:	



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ESTABLISHMENT NAME BSG		ADDRESS 406 Benham Street		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
			No temperatures were taken during this visit.		

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
3-302.11A	Raw ground beef and whole muscle meats were stored above cooked eggs in the Berg 3-door refrigerator, located in the store room. Raw meats shall be stored below fully cooked foods. CORRECTED ON SITE by moving eggs where they are not under raw meats.	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	A wet cloth was observed in the bottom of the Gibson refrigerator, located in the food preparation area. Absorbent materials may not be used in areas exposed to moisture or that require frequent cleaning. Please remove cloth and repair refrigerator, if needed, to prevent pooling of water.	10/12/18	
3-302.12	An unlabeled squeeze bottle containing a clear liquid was stored on the work table across from the stove. According to the owner, the bottle contained water. Containers holding a substance that is not easily identified shall be labeled. Please label the bottle.	10/9/18	
4-601.11C	A yellow-debris that can be scraped was observed on the handles and doors around the handles on several of the refrigerators and freezers. Please thoroughly clean these areas to prevent contamination of hands when opening coolers.	10/12/18	
4-901.11A	Glasses stored in the beverage station were observed wet-nested. Equipment shall be allowed to completely air dry before storing nested. Note that wet equipment contains chlorine from the bleach sanitizer; some people are allergic to chlorine. Air drying allows adequate time for evaporation of the chlorine from the surface of the equipment.	10/9/18	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Julie Abel		Date: October 9, 2018
Inspector:	Rose Mier	Telephone No. (573)431-1947
	EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: