

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

TIME OUT 2:45 pm TIME IN 1:45 pm DATE March 27, 2017 2 PAGE 1 of

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOTE CTION, OR SUCH SHORTER PERI FOR CORRECTIONS SPECIFIED	OD OF TIME AS MA	AY BE SPEC	IFIED I	N WRI	TING BY 1	THE REGULA	TORY AUTHORITY. FA			
ESTABLISHMENT N C-Barn #3	HMENT NAME: OWNER: Ray Johnson			_				PERSON IN CHARGE: Missy Burnia			
ADDRESS: 108 South Desloge Drive					ESTABLISHMENT NUMBER: 4389			COUNTY: St. Francois			
		PHONE: (573)518-0605			FAX: (573)756-8901			P.H. PRIORITY :	🔲н 🔲 і	м 🗌	L
ESTABLISHMENT TYPE				GROCERY STORE INSTITUTION MOBILE V					MOBILE VE	NDORS	
PURPOSE ☐ Pre-opening ☐ Routine ■ Follow-up ☐ Complaint ☐ Other _											
FROZEN DESSERT SEWAGE DISPOSAL WATER SUPPLY Approved Disapproved Not Applicable PUBLIC COMMUNITY NON-COM							PRIVATE				
License No Date Sampled Results											
Diak fastera ero food r	reportion practices and employee	RISK FACT					ana Control	and Dravantian as contrib	huting factor	- in	
foodborne illness outbr	eaks. Public health interventions a	are control measures	s to prevent f	oodborne illness or injury.				I and Prevention as contributing factors in			
Compliance	Demonstration of Kno Person in charge present, demons	3				Potentially Hazardous Foods Proper cooking, time and temperature			COS	R	
	and performs duties Employee Healt	0,		IN DUT NO N/A			eating procedures for hot		_		
	Management awareness; policy p			IN IN		N/O N/A		ing time and temperature		+	+
	Proper use of reporting, restriction Good Hygienic Prac			IN		NO N/A		holding temperatures holding temperatures			
UT N/O	Proper eating, tasting, drinking or	tobacco use				N/C N/A	Proper date	e marking and disposition			
UT N/O	No discharge from eyes, nose and	I mouth		IN	DUT	N/0	Time as a p records)	public health control (proc	edures /		
	Preventing Contamination							Consumer Advisory			
Hands clean and properly washed				IN	OUT	NA	undercooke				
UT N/O	No bare hand contact with ready-t approved alternate method proper						Hi	ghly Susceptible Population	ons		
Adequate handwashing facilities suppli				IN				d foods used, prohibited foods not			
	accessible Approved Sourc	e					offered	Chemical			+
Food obtained from approved source		rce		IN				ves: approved and properly used			
IN OUT VC N/A. Food received at proper temperature							Taxia aubat	anaga properly identified	atorod and		
	Food received at proper temperate	ure			QUT		Toxic subst used	ances properly identified,	, stored and	✓	
	Food in good condition, safe and u	unadulterated		IN			used Conforr	mance with Approved Pro	ocedures	✓	
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

Matter	OOD ESTABLISHMENT IN		.1	l	PAGE ² of	2	
ESTABLISHMEN C-Barn #3	TNAME	ADDRESS 108 South Desloge D	rive	CITY/ZIP Desloge 63	63601		
FOOD PRODUCT/LOCATION		TEMP. in ° F	LOCATION		TEMP. ir	۱°F	
			No temperatures were tak	ken during t			
			•	0			
	r					O a secolar la	1.20.1
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or red	RITY ITEMS Juction to an acceptable level, hazards a nin 72 hours or as stated.	ssociated with	n foodborne illness	Correct by (date)	Initial
4-601.11A 7-201.11A	surfaces shall be clean to sigh while in continual use, or after CORRECTED ON SITE by cle A container of soda nozzle	t and touch. Please wa each use if used less of aning microwave. cleaner, and a contain vat sink. Chemicals sl	er of another chemical, were sto hall be stored separately or belo	num of ever	y four hours drainboard	COS	
Code			REITEMS			Correct by	Initial
Reference			es or structures, equipment design, gene corrected by the next regular inspection			(date)	
4-601.11B			e and rollers of the pizza oven.		quipment shall	4/30/17	
6-501.12A	Accumulation of debris obs	served on the floor und	as often as needed to keep cle er the handwashing sink in the ild-up. Please clean floor under	food prep a	area. Facility		
6-501.11A		on the hoses and elect	rical line located behind the Pe		machine.		
4-601.11C	A gravity-fed shelf liner, ho	Iding milk in the walk-in	n cooler, was observed dirty wit are soiled or have mold growth		mold growth.		
6-501.12A 4-204.112E	Accumulation of debris obs The food thermometer read	served on the floor und d from 50 to 550F. Foo accurate thermomete	er the ice maker. Please clean od thermometers shall read fror r that can be calibrated, or a dig	n floor under m 0 to 220F	in two degree	\checkmark	
		EDUCATION PI	ROVIDED OR COMMENTS				
		\sim					
Person in Cl	harge Mile: Date: March 27, 20					17	
Inspector:	1 cre cre		Telephone No. EPI		low-up:	Yes	No
MO 580-1814 (9-13	Jose The		r (573)431-1947 1390	-	low-up Date:		E6.37A

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