



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

TIME IN	1:17 am	TIME OUT	2:46 pm
DATE	May 21, 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: Cowboy's Shiver Shack		OWNER: Crystal Heady-Fenwick	PERSON IN CHARGE: Cheryl Haverstick	
ADDRESS: 201 East Chestnut		ESTABLISHMENT NUMBER: 4710	COUNTY: St. Francois	
CITY/ZIP: Desloge 63601		PHONE: (573)366-0393	FAX:	
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 <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		PURPOSE <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 <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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
<b>Employee Health</b>				<input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures	<input checked="" type="checkbox"/>	
<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"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>				<input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper date marking and disposition		<input checked="" type="checkbox"/>
<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)		
<b>Preventing Contamination by Hands</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Consumer Advisory</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	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				<b>Highly Susceptible Populations</b>		
<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		
<b>Approved Source</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Chemical</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	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> COS <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<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		
<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 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"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT <input 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	COS	R	IN	OUT	COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
<input type="checkbox"/> IN <input checked="" 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"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
<b>Food Temperature Control</b>				<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	Approved thawing methods used			<b>Utensils, Equipment and Vending</b>			
<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>				<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
<b>Prevention of Food Contamination</b>				<b>Physical Facilities</b>			
<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
				<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Cheryl Haverstick</i>		Cheryl Haverstick		Date: May 21, 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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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Cowboy's Shiver Shack		ADDRESS 201 East Chestnut		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Nacho cheese in dispenser		138	GE refrigerator: ambient, half & half		42, 43
Chili in dispenser		139	Haier refrigerator: ambient, half & half		40, 42
Taco meat, Haier refrigerator		52	Steam hot hold: taco meat, pulled pork, ;chili		175, 178, 183
Hot dogs on roller cooker		119			
Ambient, ice cream freezer		15			

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
3-501.14A	Taco meat, placed in refrigerator after hot holding, on 5/20, had an internal temperature of 52F. Food shall be cooled from 135F to 70F within two hours, and from 70F to 41F within another four hours. Please monitor food for time and temperature during the cooling process. To facilitate cooling, divide food into shallow containers and nest containers in an ice bath; stir; add ice as an ingredient. Please use a log to monitor all food that is cooled. <b>CORRECTED ON SITE</b> by discussion and providing logs	COS	CRH
3-501.16A	Hot dogs were being held at 119F on the roller after initial heating. Hot dogs shall be held at 135F or higher after initial heating to 165F. Please use a thermometer to monitor temperatures of foods that are held hot. NOTE: hot dogs were placed on roller approximately two hours prior to this visit. <b>CORRECTED ON SITE</b> by reheating to 165F and holding at 135F or higher.	COS	↓
7-201.11B	A can of sunscreen was stored with food and single-use items in a wall cabinet. Chemicals shall be stored separately from or below food, single-use items, clean equipment and utensils, and clean linens. <b>CORRECTED ON SITE</b> by placing sunscreen in an area where these items cannot be contaminated.	COS	
3-302.11A	Raw hamburger was stored with and above ice and ready-to-eat food in the ice cream freezer. Raw animal-derived foods shall be stored separately or below ready-to-eat foods. <b>CORRECTED ON SITE</b> by placing in a lidded container and storing in the ice freezer separately from the ice.	COS	
3-501.17A, B	Food was labeled with the date of preparation or opening. Potentially hazardous food that is held for more than 24 hours and is fully cooked or ready-to-eat shall be labeled with a seven-day disposition date (the day of opening or preparation plus an additional six days). <b>CORRECTED ON SITE</b> by discussion and relabeling food.	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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
4-302.14	There were no test strips available to check the concentration of sanitizer. Please provide test strips to ensure chlorine concentration in sanitizer solutions is between 50 and 100 ppm.	5/31/18	CRH ↓
5-202.12A	There was no hot water at the handwashing sink in the bathroom. Hot water (minimum 100F) shall be provided at handwashing sinks.	5/31/18	
6-501.12A	The toilet in the bathroom was dirty. Toilets shall be cleaned at least every day. Please clean all surfaces of toilet. <b>CORRECTED ON SITE</b> by cleaning	COS	
4-903.11A	Food and single-use items were stored on the floor in the trailer. These items shall be stored at least six inches off the floor. NOTE: Most items were elevated off floor during this visit. Please adequate shelving and/or pallets to store all food, equipment, utensils, single-use items, and linens off the floor.	5/31/18	

EDUCATION PROVIDED OR COMMENTS

*Cheryl Haverstick*  
 Person in Charge /Title: Cheryl Haverstick

Date: May 21, 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: