



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

| | | | |
|---------|----------------|----------|----------|
| TIME IN | 11:00 am | TIME OUT | 11:20 am |
| DATE | March 29, 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: Desloge River Mart | OWNER: Paul and Theresa Bauman | PERSON IN CHARGE: Kyle Hartrup |
| ADDRESS: 300 North Desloge Drive | ESTABLISHMENT NUMBER: 4807 | COUNTY: St. Francois |
| CITY/ZIP: Desloge 63601 | PHONE: (573)431-1113 | FAX: none |
| PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____ | | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS | | |
| 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 | | |
| Employee Health | | | | <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"/> 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 | | |
| Good Hygienic Practices | | | | <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"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose and mouth | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | Hands clean and properly washed | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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"/> 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Chemical | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | 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"/> NO <input 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"/> 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 checked="" type="checkbox"/> IN <input 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"/> R | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Nonfood-contact surfaces clean | | |
| 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Physical facilities installed, maintained, and clean | | <input checked="" type="checkbox"/> R |

| | |
|--|---|
| Person in Charge /Title: <i>Kyle Hartrup</i> Kyle Hartrup | Date: March 29, 2018 |
| Inspector: <i>Rose Mier</i> Rose Mier | Telephone No. (573)431-1947 |
| EPHS No. 1390 | Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|--|------------------------------------|----------------------------|
| ESTABLISHMENT NAME Desloge River Mart | ADDRESS 300 North Desloge Drive | CITY /ZIP Desloge 63601 |
|--|------------------------------------|----------------------------|

| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|---|--------------|------------------------|--------------|
| No temperatures were taken during this visit. | | | |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

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.**

| | | | |
|--|---|--|--|
| | All priority items noted on the March 16, 2018 routine inspection were corrected. | | |
|--|---|--|--|

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
|----------------|------------|-------------------|---------|

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.**

| | | | |
|----------|---|---------|--|
| 3-602.11 | Some of the food held in the 4-tier open-air cooler was not fully labeled, or lacking labels. Food that is prepared and packaged on-site for retail, or re-packaged for retail, shall be labeled with (A) the name and place of business; (B) the name of the food; (C) the quantity; (D) a list of ingredients; (E) a declaration of allergens. In this cooler, vegetable soup was not labeled, and sandwiches and cheesecakes were not adequately labeled. The ingredients lists must include all ingredients used to prepare the foods that are used to make the sandwiches and cheesecake. For example, bread and cheese are made of ingredients that need to be listed. Please fully label all products packaged for retail. | 3/31/18 | |
| 6-501.11 | Ceiling panels were missing in the area above the slushy machines. Please replace panels to provide a protection of falling debris and insects and other pests from the attic area. | 3/31/18 | |

EDUCATION PROVIDED OR COMMENTS

A line — drawn through an item on page one indicates the item is not applicable.

| | | | |
|--------------------------|--------------|-----------------|---|
| Person in Charge /Title: | Kyle Hartrup | Date: | March 29, 2018 |
| Inspector: | Rose Mier | Telephone No. | EPHS No. |
| | | (573)431-1947 | 1390 |
| | | Follow-up: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Follow-up Date: | |