



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

TIME IN	12:47 pm	TIME OUT	3:33 pm
DATE	June 5, 2017	PAGE	1 of 3

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: First Wok	OWNER: Jeff Lin	PERSON IN CHARGE: Jeff Lin
ADDRESS: 526 East Main Street	ESTABLISHMENT NUMBER: 0253	COUNTY: 187
CITY/ZIP: Park Hills, MO 63601	PHONE: 573.518-0888	FAX: NA
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 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 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		<input checked="" type="checkbox"/>
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 checked="" 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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source				<input checked="" 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 checked="" 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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" 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				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Safe Food and Water				Proper Use of Utensils			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control				Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Identification				Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Person in Charge /Title: Jeff Lin	Date: June 5, 2017
Inspector: Jon Peacock	Telephone No. (573)431-1947
EPHS No. 880	Follow-up: Date: 6-27-2017 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No




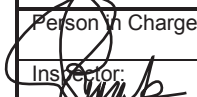
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME First Wok		ADDRESS 526 East Main Street	CITY / ZIP Park Hills, MO 63601
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
General Tso's Chicken/Bufferet		147	Teryaki chicken
Lo Mein/Bufferet		149	Egg Drop Soup/Bufferet
Fried Rice/Bufferet		137	Egg Roll/Bufferet
Lo Mein/Bottom of Reach-in Fridge		38	Cooked chicken/Top of Reach-in Fridge
Raw Shrimp/Bottom of Reach-in Fridge		38	

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
3-501.16A	Teryaki chicken 133F, egg rolls 113-122F observed on the heated buffet. Potentially hazardous foods (PHF's) must be held hot at 135F or above.	6-13-17	JL
3-501.19	Cut watermelon and tapioca pudding on the cold buffet without discard time(s) listed on the food pans. PHF's held by time as a public health control may be stored without temperature control for no more than 4 hours without monitoring the temperatures of the foods. However, these foods must be labeled with the discard date. (Corrected by voluntary discarding by Mr. Lin)	COS	
3-302.11A	Raw chicken, raw pork, raw beef and raw shrimp observed uncovered in pans next to ready-to-eat (RTE) foods in the top of the reach-in prep. fridge within the kitchen. These foods pose a risk of cross-contamination and all foods within the top of this unit must be equipped with lids.	6-13-17	
4-101.11A	Rice cooker pan with observed non-stick coating coming free from the pan. Materials used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food. Please remove the pan from the premises.	6-27-17	
4-202.11A	A large metal pan was observed with a deep crease in the bottom of it that appeared to impede the ability to clean and sanitize this item. Multi-use food-contact surfaces of equipment/utensils must be smooth, free of breaks, open seams, inclusions or similar imperfections. Please remove from the premises.	6-13-17	
6-501.111 A-C	Mouse droppings observed on the floor/sink in the unused restroom off the rear store room. The presence of insects, rodents, and other pests must be controlled to minimize their presence on the premises. Please remove all evidence of pest activity, thoroughly clean and intensify pest control measures.	6-13-17	
3-302.11A	Bowl containing raw chicken residues was observed placed in pan of shredded carrots in the reach-in prep. fridge by an employee. Liquid residues were observed on the carrots when removed. Raw carrots were voluntarily discarded by Mr. Lin. (Corrected by discard)	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
3-305.11A	Uncovered containers holding food items was observed in the bottom of the reach-in food preparation refrigerator. Food must be protected from contamination by storing the food in a clean, dry location where it is not exposed to splash, dust or other contamination. Please provide covers for all open food containers stored on the lower shelving. (Corrected by placing covers on the containers).	COS	JL
4-601.11C	Grease and debris was observed inside the bottom of the deep fryers. Non-food contact surfaces of equipment must be kept free of an accumulation of dust, dirt, food residue and other debris.	6-27-17	
6-501.12A	Debris accumulation was observed on the floor beneath the cook line. Physical facilities must be cleaned as often as necessary to maintain cleanliness. Please clean and consider repainting.		
6-501.12A	Debris/brown stains observed on the wall in the kitchen area by the ventilation hood. Physical facilities must be cleaned as often as necessary to maintain cleanliness.		
6-501.114A	According to Mr. Lin, the smoking cabinet is no longer used as part of the food operations. Items unnecessary to the operation or no longer used in a food establishment must be removed from the premises.	Next Routine	
6-501.12A	Grease and debris was observed on the floor beneath the reach-in food preparation refrigerator in the kitchen. Physical facilities must be cleaned as often as necessary to maintain cleanliness.	6-27-17	
6-501.12A	Ceiling tiles stained a brownish color and the upper portions of the walls also having a brownish color in the kitchen area. Physical facilities must be cleaned as often as necessary to maintain cleanliness.		
6-202.16	Ceiling tile water stained by the dish machine. The exterior roof must effectively protect the establishment from the weather, etc. Please replace the water stained ceiling tile.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:  Jeff Lin		Date: June 5, 2017
Inspector:  Jon Peacock	Telephone No. (573)431-1947	EPHS No. 880
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 6-27-2017



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ESTABLISHMENT NAME First Wok	ADDRESS 526 East Main Street	CITY /ZIP Park Hills, MO 63601
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

6-501.111 A-C	Mouse droppings were observed on the floor in the "tool/equipment storage" portion of the store room and near the furnace. The presence of insects, rodents, and other pests must be controlled to minimize their presence on the premises. Please remove all evidence of pest activity, thoroughly clean and intensify pest control measures by utilizing the services of a pest control operator.	6-13-17	JL ↓ + JL
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Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

6-304.11	Due to the formation of grease droplets on variety of items and the brownish staining of the walls/ceiling, the mechanical ventilation hood should be cleaned and evaluated for performance to ensure that it is effectively removing excessive heat, steam, condensation, etc.	6-27-17	JL
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EDUCATION PROVIDED OR COMMENTS

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	EPHS No. 880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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