



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

TIME IN DATE	10:08 am July 10, 2018	TIME OUT PAGE 1 of 3	12:07 pm
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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: Hardee's	OWNER: Lund Brown Company	PERSON IN CHARGE: Phil Medlock	
ADDRESS: 1010 Highway K	ESTABLISHMENT NUMBER: 1820	COUNTY: St. Francois	
CITY/ZIP: Bonne Terre 63628	PHONE: 573.358.3369	FAX: none	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD			
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 type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY Date Sampled _____	<input type="checkbox"/> PRIVATE 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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <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"/> OUT <input type="checkbox"/> N/C <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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> OUT <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.		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected				IN = in compliance	OUT = not in compliance	
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized				N/A = not applicable	N/O = not observed	
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				COS=Corrected On Site	R=Repeat Item	

#### GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title:

Phil Medlock

Date:  
July 10, 2018

Inspector:

Rose Mier

Telephone No.  
(573)431-1947

EPHS No.  
1390

Follow-up:  
 Yes  
 No

Follow-up Date: July 24, 2018



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PAGE 2 of 3

ESTABLISHMENT NAME Hardee's		ADDRESS 1010 Highway K		CITY / ZIP Bonne Terre 63628			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F		
Beverage cooler/service counter, ambient		38	Hot hold: hamburger, hamburger, gravy, hot dog		155, 154, 155, 192		
Ice cream freezer/service counter, ambient		9	Hot hold, chicken strips		144 to 154		
Chicken, deep fryer		179 to 201	Beverage Aire meat cooler/kitchen: ambient, hamburger		38, 33		
Ham cooler: ambient, ham		38, 35	Meat freezer below broiler, ambient		10		
Traulsen fryer freezer, ambient		12	Hamburgers, broiler		177, 200		
Code Reference	<b>PRIORITY ITEMS</b> 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		
4-601.11A	<b>DINING, FRONT ENTRIES, BATHROOMS</b> Debris observed on the high chairs. Food contact surfaces shall be washed, rinsed, and sanitized after each use. Please clean and sanitize high chairs. CORRECTED ON SITE by cleaning				COS 		
4-601.11A	<b>SERVICE COUNTER, DRIVE UP AREA</b> Mold observed on the holder for the ice scoop, stored on the side of the ice bin for the beverage dispenser. CORRECTED ON SITE by cleaning and sanitizing				COS		
Code Reference	<b>CORE ITEMS</b> 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		
4-601.11C	<b>DINING, FRONT ENTRIES, BATHROOMS</b> Food splatters observed on the inside of the door and wall of the trash can cabinet below the beverage counter. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean trash can cabinet. COS by cleaning				COS 		
5-205.15B	<b>KITCHEN</b> One toilet in the women's bathroom did not fully flush. Plumbing fixtures shall be maintained in good repair. Please repair toilet so it will fully flush. CORRECTED ON SITE by plunging				COS 		
4-601.11C	<b>KITCHEN</b> Accumulation of debris observed on the inside and outside surfaces of the Beverage Aire cooler holding ham. Please clean all surfaces of cooler, including the door seal and sides, as often as needed to keep clean.				7/10/18 		
4-601.11C	<b>KITCHEN</b> Grease and debris build-up observed on the outside surfaces of the meat freezer below the broiler, and frost and debris build-up observed on the inside ledges of the freezer. Please clean all surfaces of freezer as often as needed to keep clean and protect food from contamination.				7/11/18 		
4-601.11C	<b>KITCHEN</b> Accumulation of grease and debris observed on and around several of the rollers/legs of equipment. Please clean equipment legs and rollers.				7/24/18 		
4-601.11C	<b>KITCHEN</b> Accumulation of debris on the inside of the cabinet below the sandwich making area, including the door seals and where the doors close on the cabinet. Please clean this area as often as needed to keep clean.				7/10/18 		
6-501.12A	<b>KITCHEN</b> Splatters observed on the walls behind the Vulcan flat grill and the wall holding the temperature log. Physical facilities shall be clean. Please clean walls as often as needed to keep clean.				7/24/18 		

**EDUCATION PROVIDED OR COMMENTS**

A line through an item on page one indicates the item was not observed or is not applicable.

Person in Charge /Title: 	Phil Medlock	Date: July 10, 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: July 24, 2018



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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION
Beverage Aire Cooler/bakery: ambient	41	Taco prep cooler: cut lettuce, cheese, ambient
Walk-in freezer, ambient	8	Taco hot hold: meat, chicken, beans, rice
		Walk-in cooler: ambient, refried rice, hot dog
		39, 36, 37

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>			

4-601.11A	WAREWASHING and STORAGE AREAS Dried food debris observed on the Nemco food cutter. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize all surfaces of the food cutter; inspect for cleanliness after cleaning. CORRECTED ON SITE by cleaning.	COS	
4-202.11A	The blade on the table-mounted can opener was rusted. Food contact surfaces shall be smooth and free of imperfections. Please replace blade.	7/11/18	
4-601.11A	A ladle was observed with a yellow debris on the bowl and handle. Please clean to remove all debris; discard if it cannot be adequately cleaned. CORRECTED ON SITE by cleaning	COS	
4-601.11A	A tan food insert tray was observed with food debris on it. Please clean and sanitize. COS by cleaning.	COS	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>			
6-501.12A	KITCHEN, continued Accumulation of debris observed on the floor under equipment. Physical facility shall be clean. Please clean under all equipment at least daily.	7/24/18 	
4-501.14	WAREWASHING and STORAGE AREAS Debris build-up observed on the handle of the sprayer head at the 3-vat sink, and on the white hose and connections for the chemical dispenser on the wall behind the sink. Warewashing equipment shall be cleaned at least daily. Please clean.	7/10/18	
4-402.11A	The caulk behind the sink was dirty and was missing in places. Please clean/replace the caulk.	7/24/18	
6-501.12A	The wall beneath the 3-vat sink and the wall around the handwashing sink was dirty. Please clean walls as often as needed to keep clean.	7/24/18	
6-501.12A	Accumulation of debris observed on the floor below some of the racks in the storage area. Please clean floor as often as needed to keep clean.	7/24/18 	
5-501.114	There was no plug in the drain of the outside dumpster. Drains in outside trash receptacles shall be plugged. Please request the trash company to install a plug in the drain.	7/24/18	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title 	Phil Medlock	Date: July 10, 2018
Inspector:	Rose Mier	Telephone No. (573)-431-1947 EPHS No. 1390
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: July 24, 2018