



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

| | |
|--------------------|---------------------|
| TIME IN 8:50 am | TIME OUT 9:57 am |
| DATE 4-30-2018 | PAGE 1 of 4 |

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.

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|--|--|--|---------------------------------------|--|
| ESTABLISHMENT NAME: Hardee's | | OWNER: Pioneer Restaurant, LLC | PERSON IN CHARGE: Scott Thieme, GM | |
| ADDRESS: 100 Plaza Square | | ESTABLISHMENT NUMBER: 1945 | COUNTY: St. Francois | |
| CITY/ZIP: Leadington 63601 | | PHONE: (573)431-5988 | FAX: (573)431-5988 | 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 | | | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" 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 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 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 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 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 type="checkbox"/> NO <input checked="" 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 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 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) | | |
| Preventing Contamination by Hands | | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer Advisory | | |
| <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 | | | | Highly Susceptible Populations | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | <input checked="" type="checkbox"/> | <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"/> N/A | Chemical | | |
| <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"/> NO <input type="checkbox"/> N/A | Food received at proper temperature | | | <input checked="" type="checkbox"/> IN <input 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 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"/> 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | | <input checked="" type="checkbox"/> | | | | |
| <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 | Safe Food and Water | COS | R | IN | OUT | Proper Use of Utensils | COS | R |
|---|-------------------------------------|---|-----|-------------------------------------|--|-------------------------------------|---|-----|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | In-use utensils: properly stored | | <input checked="" type="checkbox"/> |
| <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 type="checkbox"/> | <input checked="" type="checkbox"/> | Thermometers provided and accurate | | <input checked="" type="checkbox"/> | <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 type="checkbox"/> | <input checked="" type="checkbox"/> | Food properly labeled; original container | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean | | <input checked="" type="checkbox"/> |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fruits and vegetables washed before use | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | <input checked="" type="checkbox"/> |

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|--|-----------|--------------------------------|------------------|---|--|
| Person in Charge / Title: <i>Scott Thieme</i> | | Scott Thieme, GM | | Date: April 30, 2018 | |
| Inspector: <i>Rose Mier</i> | Rose Mier | Telephone No. (573)431-1947 | EPHS No. 1390 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: May 7, 2018 | |



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| ESTABLISHMENT NAME Hardee's | | ADDRESS 100 Plaza Square | | CITY / ZIP Leadington 63601 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| | | | No temperatures were taken during this visit | | |
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| 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 |
|----------------|---|-------------------|---------|
| 4-601.11A | SERVICE AREA An accumulation of grease and food particles were observed on the top underside of the tator tot hot hold unit. Because debris can fall on food, this is considered a food-contact surface. Please clean the top underside of the hot hold unit to prevent food contamination. | 5/1/18 | |
| 4-601.11A | Food debris observed on the insides of the microwaves. Please clean and sanitize all surfaces of the microwaves at least every four hours. | 4/30/18 | |
| 4-601.11A | KITCHEN Food debris observed on the onion slicer, stored on the bottom shelf of the work table. Please inspect all cutting surfaces of slicer after cleaning and sanitizing. | 4/30/18 | |

| 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 |
|----------------|---|-------------------|---------|
| 3-304.12C | SERVICE AREA The ice cream scoop was stored in a single-use plastic cup. In-use utensils for potentially hazardous food and the surface on which they are stored shall be washed, rinsed and sanitized at least every four hours. Please use a multi-use container in which to store the scoop (or a single-use container that is discarded at least every four hours). Please ensure the scoop and the holder are cleaned a minimum of every four hours. | 4/30/18 | |
| 6-301.12 | There were no paper towels at the dispenser at the handwashing sink in the drive-up area. According to the manager, there are no replacement towels in the building. Towels were removed from a dispenser in the kitchen to place in this dispenser. Please supply paper towels in all dispensers at all times. | 4/30/18 | |
| 6-501.18 | The handwashing sink was dirty. Handwashing sinks shall be cleaned at least daily, more often if needed to keep clean. | 4/30/18 | |
| 4-601.11C | KITCHEN Accumulation of food debris observed in the creases of the bottom door seal, in the bottom shelf and ledges, and on the outside sides of the Traulsen freezer. Please clean inside and outside surfaces, and the door seals of this freezer as often as needed to keep clean. | 4/30/18 | |
| 4-601.11C | The bottom shelf and legs of the mobile cart, stored on the side of the Randell refrigerator, were dirty. Please clean all surfaces of cart as often as needed to keep clean. | 5/7/18 | |
| 4-204.112B | A thermometer was not found inside the burrito prep cooler. Please install an accurate thermometer that reads in two degree increments in a convenient-to-read location in the warmest part of this cooler. | 5/7/18 | |

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Scott Thieme, GM Date: April 30, 2018

Inspector: Rose Mier Telephone No. (573)431-1947 EPHS No. 1390 Follow-up: Yes No Follow-up Date: May 7, 2018



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| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-----------------------|--------------|------------------------|--------------|
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| 4-601.11C | KITCHEN, continued The inside of the cooler, located next to the griddle, was dirty on the inside. Please clean inside of cooler as often as needed to keep clean. | 5/1/18 | ST |
| 4-601.11C | Debris observed on the crate that held a bulk container of egg, stored in the cooler next to the griddle. Please clean crates as often as needed to keep clean. | 4/30/18 | J |
| 4-601.11C | The shelf below the griddle was dirty. Please clean shelf as often as needed to keep clean. | 5/1/18 | J |
| 5-205.15B | A leak was observed beneath the 3-vat sink. Plumbing shall be maintained in good repair. Please keep floor dry and repair leak. | 5/7/18 | J |
| 6-501.116 | The outsides of trash cans throughout the kitchen were dirty. Trash cans shall be cleaned when empty. Please ensure all surfaces of all trash cans are cleaned as often as needed to keep clean. | 5/7/18 | J |
| 6-501.12A | The floor and grout were dirty through the kitchen and storage areas. Many tiles were blackened and "goop" could be scraped off the grout between the tiles. Please thoroughly clean the floor and grout. | 5/7/18 | J |
| 6-501.11 | Floor tile was missing at the back entry door. Facility shall be maintained in good condition. Please replace/repair tile. | 5/7/18 | J |

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| 6-501.11 | STORAGE ROOMS Floor tile was broken in both storage rooms. Please repair/replace the broken tile. | 5/7/18 | ST |
| 6-501.18 | An accumulation of goopy debris observed in the grouting of floor tiles. Please thoroughly clean. | ↓ | ↓ |
| 6-501.12A | The mop sink was dirty. Please clean sink, and ensure staff clean the sink after use to keep it clean. | | |
| 6-501.12A | The floor was dirty in the room leading into the chemical storage room, and in the chemical storage room. Please clean floor. | | |
| 6-501.12A | The floor of the walk-in freezer was dirty. Please clean floor in freezer. | | |

EDUCATION PROVIDED OR COMMENTS

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