



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

TIME IN	9:12 am	TIME OUT	11:36 am
DATE	July 10, 2017	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.

ESTABLISHMENT NAME: Jack in the Box		OWNER: Mo. Jack, LLC		PERSON IN CHARGE: Caroline Helms	
ADDRESS: 1208 North Desloge Drive			ESTABLISHMENT NUMBER: 3577		COUNTY: St. Francois
CITY/ZIP: Desloge 63601		PHONE: 573/431-5111		FAX: 573/431-5111	
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
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 checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-16338, exp. 8-31-17		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"/> OUT N/O N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O 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"/> N/O 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 N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT N/O N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> OUT 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 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"/> N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>				<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"/> 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				<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 checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		<b>Food Temperature Control</b>			<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					<b>Utensils, Equipment and Vending</b>		
<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		
		<b>Food Identification</b>			<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		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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 type="checkbox"/>	<input checked="" 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 checked="" 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		

Person in Charge /Title: <i>Caroline Helms</i> Caroline Helms		Date: July 10, 2017	
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: July 24, 2017	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Jack in the Box		ADDRESS 1208 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Cooler #6, ambient, service counter		36	Prep table, top: ham, lettuce, cook line		40, 41
Soft serve mix, hopper, drive-up		33	Prep table, bottom: ambient, American cheese		39, 39
Hot hold: egg, sausage, cook line		184, 199	Ambient, freezer #4, cook line		35
Refrigerator #2: ambient, egg, cook line		40, 38	Freezer #1: ambient, cook line		38, 15
Freezer #2, ambient, cook line		19	Refrigerator #1: ambient, cheese, cook line		38, 42

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
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4-601.11A	<b>DINING ROOM</b> Mold and dried syrup observed on the nozzle and area above the nozzle on the customer self-serve soda dispenser. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize nozzle and housing around nozzle at least daily.	7/10/17	CT
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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
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6-501.14A	<b>CUSTOMER BATHROOMS</b> Accumulation of debris observed on the ceiling vents in both the men's and women's bathrooms. Ventilation systems shall not be a source of contamination. Please clean vents in both bathrooms.	7/17/17	CL
6-501.12A	The urinal was dirty in the men's bathroom. Toilets shall be clean. Please clean urinal.	7/10/17	
6-501.11	The sink was pulling away from the wall in the women's bathroom, causing breaks in the caulking. Physical facilities and equipment shall be maintained in good repair. Please recaulk between the wall and the sink.	7/24/17	
4-903.12A	<b>DINING ROOM</b> Single-use lids and straws were stored below a drain line inside a cabinet next to the soda dispenser. Single-use items may not be stored under a drain line.	7/10/17	
4-601.11C	Accumulation of debris observed inside the cabinet holding a trash can, located next to the soda dispenser. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean cabinet when trash is emptied.	7/10/17	
4-601.11C	Food debris and grease observed on the booster seat. Please wash, rinse, and sanitize chair after use.	7/10/17	
6-202.15A	Daylight observed under the front entry door. Outside entries shall be sealed to reduce pest entry points. Please seal door.	7/24/17	
4-501.11A	<b>SERVICE COUNTER</b> Water was pooled in the bottom of cooler 6. Packages of apples were in the water. Please determine source of water and repair unit. Keep food out of water to protect from contamination.	7/17/17	

**EDUCATION PROVIDED OR COMMENTS**

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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: July 24, 2017



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ESTABLISHMENT NAME Jack in the Box		ADDRESS 1208 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION Walk-in freezer, ambient		TEMP. in ° F 5	FOOD PRODUCT/ LOCATION Walk-in cooler: ambient, cheese sauce		TEMP. in ° F 34, 41
Hamburger, grill		175-177			

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4-601.11A	DRIVE-UP WINDOW AREA Debris observed on the ice bucket, stored on top of the soft serve machine. Please wash, rinse, and sanitize all surfaces of ice bucket at least daily.	7/10/17	C.Y.
4-601.11A	COOKING AREA The cutting board on the prep table was deeply grooved, and the grooves were black. Food contact surfaces shall be clean to sight and touch. Please resurface, invert, or replace cutting board.	7/17/17	
3-501.11	The ambient temperature inside freezer #4 was 35F and the food was thawing. Food intended to be frozen shall remain frozen. NOTE: food was removed from this freezer. Please do not use this freezer until it is repaired and reliably holds food in the frozen state.	7/24/17	

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4-601.11C	SERVICE COUNTER, cont. Accumulation of debris observed in the creases of the door seal and on the inside of cooler #6. Please clean door seals and inside of cooler as often as needed to keep clean.	7/17/17	C.Y.
6-501.12A	Food and debris observed on the floor behind cooler #6. Physical facilities shall be kept clean. Please clean around, under, and behind equipment as often as needed to keep clean.	7/17/17	
4-601.11C	Accumulation of debris observed inside the cabinets holding boxes of Jack toys, and boxes of salt. Please clean both cabinets as often as needed to keep clean.	7/17/17	
6-501.12A	DRIVE UP WINDOW AREA Accumulation of debris observed on the floor beneath the soda dispenser and soft serve machine. Please clean under all equipment as often as needed to keep clean.	7/17/17	
4-501.11A	The lid on the ice bin was broken, not allowing it to open easily. Lids shall remain closed when not in use to protect ice from contamination. Please repair or replace ice bin lid.	7/24/17	
4-601.11C	Accumulation of debris observed inside the door and the bottom of cooler #5. Please clean inside cooler as often as needed to keep clean.	7/17/17	
4-601.11C	COOKING AREA Accumulation of grease observed inside the cabinets of fryers #3 and 4. Please clean cabinets as often as needed to keep clean.	7/17/17	
4-601.11C	Accumulation of debris observed in the bottom of freezer #4. Please clean freezer.	7/17/17	
4-501.11B	The doors on both the refrigerator and freezer #1 did not seal when shut. Door seals shall be in good repair. Please repair or replace doors or seals to make doors seal when shut.	7/24/17	

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Person in Charge / Title: *Caroline Helms* Caroline Helms Date: July 10, 2017  
 Inspector: *Rose Mier* Rose Mier Telephone No. (573)-431-1947 EPHS No. 1390 Follow-up:  Yes  No  
 Follow-up Date: July 24, 2017



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ESTABLISHMENT NAME Jack in the Box		ADDRESS 1208 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
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	STORAGE AREA Water accumulation and debris observed on the inside of the container holding the ice scoop, stored on top of the ice maker. Please wash, rinse, and sanitize ice scoop and its holder at least daily.			7/10/17	C.H.
4-601.11A	WAREWASHING AREA Debris and rust observed on the hand-held can opener, stored in bin above 1-vat sink. Please wash, rinse, and sanitize all surfaces of can opener after each use; replace when blade is rusted.			7/10/17	
4-601.11A	Debris and labels observed on several pieces of equipment, stored on the clean equipment rack. This included metal and plastic pans, shredder, slicer, and dicer. NOTE: equipment that is no longer used was removed from the shelf. Please inspect all remaining equipment and wash, rinse, and sanitize all dirty equipment.			7/10/17	
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6-501.12A	STORAGE AREA Accumulation of debris under equipment and shelving by the wall-floor juncture. Please thoroughly clean floor under and around equipment.			7/17/17	C.H.
6-501.14A	WAREWASHING AREA Accumulation of debris observed on the portable floor fan. Ventilation systems shall not be a source of contamination. Please clean all surfaces of fan as often as needed to keep clean.			7/12/17	
6-501.18	Accumulation of debris observed in the vat of the in-counter sink. Sinks shall be kept clean. Please clean sink as often as needed to keep clean.			7/10/17	
4-903.11A	Debris (grease) and labels observed on the shelves of the clean equipment rack. Equipment and utensils shall be protected while in storage. Please clean shelves.			7/12/17	
4-901.11A	Equipment was observed wet-nested on the clean equipment rack. Equipment and utensils shall be air dried before storing nested. Please allow complete air drying before storing.			7/10/17	
4-501.14	Accumulation of debris observed on the handle and showerhead areas of the sprayer. Please clean all surfaces of shower head and handle areas as often as needed to prevent debris accumulation.			7/11/17	
6-501.12A	Accumulation of debris observed on the pipes below the sink. Please clean pipes as often as needed to prevent debris accumulation.			7/17/17	
6-501.12A	Food splatters observed on the walls in this area. Please clean walls as often as needed to keep clean.			7/17/17	
6-501.18	The handwashing sink was dirty. Sinks shall be kept clean. Please clean all surfaces of sink as often as needed to keep clean.			7/10/17	
EDUCATION PROVIDED OR COMMENTS					
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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: July 24, 2017	