



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

TIME IN	1:44 pm	TIME OUT	2:20 pm
DATE	Sept. 26, 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: Leadington Pit Stop		OWNER: Pit Stop Missouri		PERSON IN CHARGE: Felicia Crabtree, Manager	
ADDRESS: 1 Chat Drive			ESTABLISHMENT NUMBER: 0184		COUNTY: St. Francois
CITY/ZIP: Leadington 63601		PHONE: (573)431-8989		FAX: (573)431-7917	
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD					
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"/> <b>OUT</b>	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>N/A</b>	Proper cooking, time and temperature		
<b>Employee Health</b>							
<input checked="" type="checkbox"/> <b>OUT</b>	Management awareness; policy present			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>N/A</b>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> <b>OUT</b>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>N/A</b>	Proper cooling time and temperatures		
<b>Good Hygienic Practices</b>							
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>N/A</b>	Proper hot holding temperatures		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>N/A</b>	Proper cold holding temperatures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preventing Contamination by Hands</b>							
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	Hands clean and properly washed			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Proper date marking and disposition		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> <b>OUT</b>	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Consumer Advisory		
<b>Approved Source</b>							
<input checked="" type="checkbox"/> <b>OUT</b>	Food obtained from approved source			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Food received at proper temperature			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b>	Highly Susceptible Populations		
<input checked="" type="checkbox"/> <b>OUT</b>	Food in good condition, safe and unadulterated				Pasteurized foods used, prohibited foods not offered		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Chemical		
<b>Protection from Contamination</b>							
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food separated and protected			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"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
<b>Food Temperature Control</b>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<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"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<b>Prevention of Food Contamination</b>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		<input checked="" type="checkbox"/>

Person in Charge /Title: <i>F. Crabtree</i>		Felicia Crabtree, Manager		Date: September 26, 2018	
Inspector: <i>Rose Mier</i>		Rose Mier		Telephone No. (573)431-1947	EPHS No. 1390
				Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Follow-up Date: _____	



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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Leadington Pit Stop		ADDRESS 1 Chat Drive		CITY /ZIP Leadington 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
			Make table, top: swiss cheese, cut tomatoes		50, 51

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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3-501.16A	American cheese and cut tomatoes were stored on top of inserts in the top of the prep cooler. The temperatures of these foods were 50 and 51F. These are potentially hazardous food and shall be stored at 41F or lower. COS by discarding food and discussion with staff.	COS	
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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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6-202.15A	Daylight was observed between the front entry doors. Please seal to prevent pest entry.	9/30/18	JL
4-501.11A	A 2-drawer cooler was not in use during this visit. A sign was on the front "Do Not Use." According to manager, this cooler will be repaired. Please do not use this unit until it reliably holds food at 41F or lower.	9/30/18	
6-501.11	Liquid was puddling beneath bag in boxes. NOTE: Roto Rooter has been called to work on the drain of the soda dispensers; puddling beneath another set of bag in boxes is probably from hoses. Please determine sources of puddling liquids and repair.	9/30/18	

EDUCATION PROVIDED OR COMMENTS

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

Person in Charge /Title: <i>J Crabb</i> Felicia Crabbtree, Manager		Date: September 26, 2018
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date: