



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

TIME IN	11:12 pm	TIME OUT	12:57 pm
DATE	April 20, 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: Little Caesar's Pizza		OWNER: Dan Combs		PERSON IN CHARGE: Kassie Rariden	
ADDRESS: 1137 North Desloge Drive			ESTABLISHMENT NUMBER: 0129		COUNTY: St. Francois
CITY/ZIP: Desloge 63601		PHONE: (573)431-0808		FAX: None	
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 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"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/> 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"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/> N/O <input checked="" 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 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 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		
	Approved Source				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"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	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"/> 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		
	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 type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input 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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Ka. Rariden</i> Kassie Rariden		Date: April 20, 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: May 4, 2017



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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Little Caesar's Pizza		ADDRESS 1137 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, beverage cooler		32	Prep cooler, top: sausage, hamburger, ham		34, 31, 29
Ambient, Northland freezer		19	Prep cooler, bottom: ambient, brisquet		40, 40
Pizza, oven		206	Hot hold cabinet: ambient, chicken wings		144, 144
			Walk-in cooler: ambient, sausage		40, 35

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
7-201.11A	A container of paint was stored on the same shelf with single use items in the front of the store. Toxins shall be stored separately or below single-use items. Please store paint in a designated area were single-use items, food, clean linens, and clean equipment/utensils cannot be contaminated.	4/20/17	<i>[Signature]</i>
4-501.114A	The concentration of sanitizer in the sanitizer bucket, stored on the table near the handwashing sink at the front of the store, was less than 100 ppm. Please use test strips to ensure concentration meets manufacturer's labeling concentration for sanitizing food contact surfaces.	4/20/17	<i>[Signature]</i>

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
6-304.11	There was no knob on the switch for the mechanical fan in the bathroom and therefore can not be activated by bathroom users. Bathrooms shall have mechanical ventilation. Please install knob.	5/4/17	<i>[Signature]</i>
4-601.11C	Accumulation of debris observed in the bottom door groove for the sliding doors on the beverage cooler in the dining room. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean door grooves.	5/4/17	
6-501.18	Debris observed in the vat of the handwashing sink in the front of the store. Sinks shall be clean. Please clean sink at least daily.	4/20/17	
6-501.18	Accumulation of debris observed on the handles of the handwashing sink, located in the dough preparation area. Please clean handles at a frequency to prevent debris accumulation.	4/20/17	
4-501.11A	Accumulation of ice in the back and bottom of the Northland freezer, and water was pooled in front of the freezer. Equipment shall be maintained. Please have freezer serviced to prevent water drippage/pooling.	5/4/17	
4-204.112A	The thermometer inside the Northland freezer was stored on the ledge at the back of the unit and was frozen in ice. Thermometers shall be stored in the warmest part of the freezer (near the front) in a convenient to read location. Please attach thermometer at front of freezer.	5/4/17	
4-601.11C	Debris and mold observed on the door seals of the prep cooler. Please clean and sanitize seals as often as needed to keep clean.	4/22/17	
6-501.11	Coving was missing beside the work table holding pizza boxes. Coving shall seal floor/wall junctures. Please clean the juncture and install coving to allow effective cleaning.	5/4/17	
6-501.11	A water stain was observed on the ceiling tile above the pizza oven. Facility shall be maintained in good repair. Please ensure there is not a leak, then either paint or replace the stained tile.	5/4/17	

EDUCATION PROVIDED OR COMMENTS

NOTE: Manager uses the FDA Employee Health and Personal Hygiene Handbook for training employees concerning illness policy.

Person in Charge /Title: <i>Kassie Rariden</i> Kassie Rariden		Date: April 20, 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: May 4, 2017



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ESTABLISHMENT NAME Little Caesar's Pizza	ADDRESS 1137 North Desloge Drive	CITY /ZIP Desloge 63601
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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
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4-601.11A	Black mold was observed on the walls of the bin holding of the ice maker. Food contact surfaces shall be clean to sight and touch. Please discard ice, wash, rinse, sanitize, and air dry all surfaces of ice maker.	4/22/17	<i>KAR</i>
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4-601.11C	Dried dough observed on the cord of the dough mixer. Please clean cord when the mixer is cleaned.	4/21/17	<i>KAR</i>
6-501.12A	Accumulation of debris observed on the wall and tubing behind the the 3-vat sink. Facility shall be clean. Please clean wall and tubing.	4/25/17	
4-903.11A	Accumulation of debris observed on the dish rack holding clean dishes in the warewashing area. Clean equipment and utensils shall be protected from contamination. Please clean shelf.	5/4/17	
6-501.112	Debris and dead insect observed on the floor around the HVAC system. Dead insects shall be removed from the facility, and the floor cleaned at a frequency to prevent debris accumulation. Please clean.	5/4/17	
6-202.15A	Daylight was observed at the bottom of the rear outside entry door. Please seal to prevent pest entry points.	5/4/17	
6-202.15A	Several holes were observed in the outside wall at the back of the building. Please seal holes to prevent pest entry points.	5/4/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Kar. Rariden</i>	Kassie Rariden	Date: April 20, 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: May 4, 2017