



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

TIME IN	1:48 pm	TIME OUT	2:37 pm
DATE	Sept. 7, 2017	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: McDonald's	OWNER: David and Janet Kirkhuff	PERSON IN CHARGE: Tammy Gossett, shift mgr.
ADDRESS: 411 North State Street	ESTABLISHMENT NUMBER: 792	COUNTY: St. Francois
CITY/ZIP: Desloge 63601	PHONE: (573)431-1900	FAX: none
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up #1 <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		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		
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-13355, exp. 3/31/18		
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
Good Hygienic Practices				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		<input checked="" type="checkbox"/>
<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"/> 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 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	COS	R	IN	OUT	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Safe Food and Water				Proper Use of Utensils			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control				Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Identification				Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Person in Charge / Title: <i>Tammy Gossett</i>	Tammy Gossett, shift mgr.	Date: September 7, 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: Sept. 8, 2017



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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME McDonald's		ADDRESS 411 North State Street		CITY / ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, salad cooler (below make line)		48	Cooler, below make line: ham, liquid egg, salad, bacon		46, 48, 49, 52

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 debris, possibly mold, was observed on the deflector of the ice maker. Food contact surfaces shall be clean to sight and touch. Please dispose of ice, wash, rinse, sanitize, and air dry entire insides of the machine before returning to service.	9/8/17	TG
3-501.16A	The cooler located below the make line had an ambient temperature of 48F. Food temped in this cooler had temperatures ranging from 46 to 52F. Food shall be held at 41F or lower. Please place "do not use" or "out of order" sign on both doors and do not store food in this cooler until it reliably holds food at 41F or lower. NOTE: salads were prepared and placed in the cooler within 30 minutes of this inspection; the salads were moved to another cooler. Canadian bacon, cut lettuce, bacon, and liquid eggs were voluntarily discarded.	9/8/17	

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
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5-202.12A	The handwashing sink for the warewashing area lacked hot water. Handwashing sinks shall be supplied with hot and cold running water through a mixing valve. Please plumb this sink to supply hot (minimum 100F) water.	9/8/17	TG
4-901.11A	Some of the equipment stored on the clean storage rack was wet nested. Equipment and utensils shall be completely air dried before storing nested. Please allow air drying of all equipment.	9/8/17	
4-203.12A	The digital readouts on the Beverage Air burrito refrigerator and freezer were not accurate. The readouts read 32F, but the measured temperatures were 40 and 19. Please install accurate thermometers on the insides of these units, and repair/replace/or remove integral thermometers.	9/8/17	
4-501.11A	The cooler, located below the make line, lacked a thermometer, and water was dripping from the condenser and pooling in the bottom of the cooler. Please install an accurate thermometer in a convenient-to-read location, and repair unit so water does not drip from condenser. Keep bottom of cooler dry.	9/8/17	
4-903.11A	Single-use items were stored below an unshielded drain in the cabinets below the customer self-service soda dispenser. Single use items, food, clean equipment, or clean linens shall not be stored beneath unprotected wastewater drains. Please discard all items that have evidence of being wet (such as the paper napkins) and either shield the drain or move the single-use items.	9/8/17	

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: Sept. 8, 2017