



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

TIME IN	1:22 pm	TIME OUT	3:30 pm
DATE	Sept. 1, 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: McDonald's	OWNER: David and Janet Kirkhuff	PERSON IN CHARGE: Shawnta Crocker
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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <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 type="checkbox"/> Disapproved <input checked="" 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 checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
Employee Health				<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		
Good Hygienic Practices				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 <input type="checkbox"/> 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 <input type="checkbox"/> N/O 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 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				Highly Susceptible Populations		
<input type="checkbox"/> IN <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				<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 checked="" type="checkbox"/> OUT	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				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"/> OUT <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>				
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification					<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title:	<i>Shawnta Crocker</i>	Shawnta Crocker	Date:	September 1, 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. 7, 2017

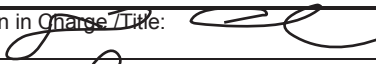
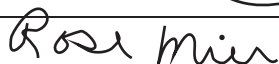


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ESTABLISHMENT NAME McDonald's		ADDRESS 411 North State Street		CITY /ZIP Desloge 63601		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Walk-in freezer, ambient		-2	Walk-in cooler: ambient, yogurt, milk		42, 38, 38	
Beverage Air prep cooler, ambient		40	Beverage Air cooler: ambient, gravy		33, 38	
Ambient, burrito refrigerator/freezer		40/19	Chicken nuggets freezer drawer, ambient		0	
Ambient, fries freezers		2 and -4	Chicken nuggets, fryer		208	
Ambient, salad cooler (below make line)		44	Cooler, below make line: ambient, ham, liquid egg, salad		44, 46, 48, 49	
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	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.				9/3/17	JL
3-302.11A	A package of raw bacon was stored on top of fully-cooked foods in the Beverage-air cooler, located across from ice maker. Raw animal-derived foods shall be stored below all other foods to prevent cross-contamination. Please store all raw animal-derived foods on lowest shelves. COS by moving bacon				COS	
4-601.11A	Food debris observed on the inside, tops of both Qing ovens, located on the table also holding the table-mounted can opener. Please wash, rinse, sanitize Qing ovens a minimum of every four hours, more often if needed to keep clean.				9/1/17	
3-501.16A	The cooler located below the make line had an ambient temperature of 44F. Food temped in this cooler had temperatures of: ham 46F, liquid egg 48F, and salad 49F. Food shall be held at 41F or lower. Please do not store food in this cooler until it reliably holds food at 41F or lower. NOTE: all food held in this cooler was moved to another cooler.				9/3/17	
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
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.				9/7/17	JL
4-501.14	The outside top and insides of the doors on the mechanical warewash machine were dirty. Warewashing machines shall be cleaned at least once each day, more often if needed to keep clean. Please clean all surfaces of warewashing machine.				9/1/17	
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.				9/1/17	
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.				9/2/17	
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.				9/7/17	
5-205.11A	A portable floor fan was stored in front of the handwashing sink in the beverage area "hall" near the front of the store. Handwashing sinks shall be accessible at all times. Please do not block sink.				9/1/17	
4-903.11A	A box of plastic cutlery was stored on the floor below the service counter. Single-use items shall be stored a minimum of six inches off the floor. Please elevate. COS by placing cutlery on shelf.				COS	
EDUCATION PROVIDED OR COMMENTS						
Person in Charge /Title: <i>[Signature]</i> Shawnta Crocker				Date: September 1, 2017		
Inspector: <i>[Signature]</i> Rose Mier	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. 7, 2017	



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Grilled chicken, grill		192 to 198	Pick up drive up window: drawers		40, 40	
Hamburgers, grill		170	Softserve mix, hopper		37, 37	
Ambient, raw meat freezer		8	Frappe cooler: ambient, mix		41, 40	
Egg cooler: ambient, raw shell egg		40, 38	Cappucino cooler, ambient, milk		42, 40	
Drawer coolers, ambient, in service line		40, 42	Juice dispenser, ambient		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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.				Correct by (date)	Initial
NOTE	Cream, in dispenser 42F					
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
4-903.11A	Single-use items were stored below an unshielded drain in the cabinets below the customer self-service soda dispenser. The plastic sleeves were observed wet from splatters. Single use items, food, clean equipment, or clean linens shall not be stored beneath unprotected wastewater drains. Please discard all items stored below the drain, and all items that have evidence of being wet (such as the paper napkins). Please do not store these items in this cabinet.				9/2/17	JL
4-903.11A	A box of paper "souffle cups" was stored touching a trash can in the cabinet below the catsup dispenser. The trash can was observed overflowing with trash in the cabinet. Single use items shall be protected while in storage. Please discard this box of souffle cups. Please do not store single-use items in the same cabinet with the trash can.				9/1/17	
6-301.14	There were no signs in the bathrooms to remind users of the importance of washing hands after using the bathroom. Please install handwashing signs in each bathroom.				9/1/17	
EDUCATION PROVIDED OR COMMENTS						
Person in Charge / Title:  Shawnta Crocker				Date: September 1, 2017		
Inspector:  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. 7, 2017		