



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

TIME IN DATE 6-9-17	2:05pm	TIME OUT 3:19pm
		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: Old Home Tavern	OWNER: Gary Halbrook	PERSON IN CHARGE: Debra Chrisco
ADDRESS: 188 Devine Rd.	ESTABLISHMENT NUMBER: 4726	COUNTY: 187
CITY/ZIP: Bismarck, 63624	PHONE: 573-734-1112	FAX:  P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input checked="" 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		
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY Date Sampled _____ <input type="checkbox"/> PRIVATE 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/C <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/C <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"/> N/C <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/C <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/C <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/C <input type="checkbox"/> N/A	Proper date marking and disposition	<input checked="" type="checkbox"/>	
<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 checked="" type="checkbox"/> N/C <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/C <input 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				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.		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected				IN = in compliance	OUT = not in compliance	
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized	<input checked="" type="checkbox"/>			N/A = not applicable	N/O = not observed	
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Proper disposition of returned, previously served, reconditioned, and unsafe food				COS=Corrected On Site	R=Repeat Item	

#### 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"/>		Pasteurized eggs used where required			<input type="checkbox"/> ✓		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source				<input type="checkbox"/> ✓	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input type="checkbox"/> ✓		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input type="checkbox"/> ✓		Gloves used properly		
<input checked="" type="checkbox"/>		Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input type="checkbox"/> ✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input type="checkbox"/> ✓		Warewashing facilities: installed, maintained, used; test strips used		
<input type="checkbox"/> ✓		Food properly labeled; original container				<input type="checkbox"/> ✓	Nonfood-contact surfaces clean	<input checked="" type="checkbox"/>	
		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input type="checkbox"/> ✓		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input type="checkbox"/> ✓		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input type="checkbox"/> ✓	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input type="checkbox"/> ✓		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input type="checkbox"/> ✓		Garbage/refuse properly disposed; facilities maintained		
					<input type="checkbox"/> ✓		Physical facilities installed, maintained, and clean	<input checked="" type="checkbox"/>	

Person in Charge Title: *John Wiseman* Debra Chrisco Date: June 9, 2017

Inspector: *John Wiseman* Telephone No. (573)431-1947 EPHS No. 1507 Follow-up:  Yes  No  
Follow-up Date:



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**FOOD ESTABLISHMENT INSPECTION REPORT**

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ESTABLISHMENT NAME	ADDRESS	CITY / ZIP	
Old Home Tavern	188 Devine Rd.	Bismarck, 63624	
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Whirlpool refrigerator/freezer	40, 8		
Kenmore refrigerator/freezer	32, 0		
Bar refrigerator/freezer #1	40, 0		
Bar refrigerator/freezer #2	34, 0		

Code Reference	PRIORITY ITEMS <small>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.</small>	Correct by (date)	Initial
3-501.17A	Packages of sliced tomatoes and cut lettuce were observed in the Kenmore refrigerator without discard dates. Potentially hazardous foods held refrigerated shall be marked with a discard date. COS by marking the food with a discard date.	COS	
4-601.11A	Food residue was observed inside the kitchen microwave. Food contact surfaces shall be clean to sight and touch. COS by washing, rinsing and sanitizing the microwave.	COS	
5-403.11A	At the time of this inspection, the on-site wastewater treatment system was observed. The area of the septic tank is covered with pieces of sheet metal. The ground under the sheet metal appears to be depressed, indicating a collapsed tank. There was no evidence of surfacing sewage. There was no sewage odor. The tank is in need of replacing as it is not longer structurally sound. Please obtain an on-site wastewater construction permit from the St. Francois County Health Center to begin abatement and repair. The system may not be replaced or repaired until a construction permit has been issued.	Call the health office	
Code Reference	CORE ITEMS <small>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.</small>	Correct by (date)	Initial
6-202.11A	The light bulb installed above the cooking surfaces of the kitchen stove is not shielded. Light bulbs installed in areas of exposed food shall be shielded or shatter resistant. Please install a shatter resistant light bulb above the stove.	next routine	
6-501.18	The faucet and basins of the three compartment sink were observed to be dirty. Plumbing fixtures such as ware washing sinks shall be cleaned as often as necessary to keep them clean. COS by cleaning the sink and faucet.	COS	
3-602.11B	Jars of facility made hot sauce were observed stored in the Kenmore refrigerator. The labels made for this product were not provided with a complete ingredient list. Please prepare a label that includes a complete list of ingredients in descending order of predominance by weight, including major allergens.	next routine	
3-302.12	An unlabeled jar of sugar was observed on the kitchen counter. Food that is not in its original packaging and that is not readily identifiable, shall be labeled with the common name of the food. COS by labeling the food.	COS	
6-501.12A	Broken glass and debris was observed on the floor in the bar area. Physical facilities shall be cleaned as often as necessary to keep them clean. COS by cleaning the floor.	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:

Debra Chrisco

Date: June 9, 2017

Inspector:

John Wiseman

Telephone No. (573)431-1947  
EPHS No. 1507

Follow-up:  
Follow-up Date:

Yes

No