



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

TIME IN	8:14 am	TIME OUT	9:52 am
DATE	Sept. 11, 2018	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: City of Park Hills		OWNER: Park Hills Senior Center	PERSON IN CHARGE: Holly Buxton	
ADDRESS: 224 West Main Street		ESTABLISHMENT NUMBER: 0861	COUNTY: St. Francois	
CITY/ZIP: Park Hills, MO 63601		PHONE: (573)431-4974	FAX: (573)431-4976	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input checked="" 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				
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 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"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
<b>Employee Health</b>				<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>				<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <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"/> N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>			
<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			<b>Highly Susceptible Populations</b>			
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
<b>Approved Source</b>				<b>Chemical</b>			
<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"/> QVT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<b>Conformance with Approved Procedures</b>			
<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		
<b>Protection from Contamination</b>				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"/> QVT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<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	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		
<b>Food Temperature Control</b>					<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			<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>				
<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 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 checked="" 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>Holly Buxton</i> Holly Buxton		Date: Sept. 11, 2018	
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. 20, 2018



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ESTABLISHMENT NAME City of Park Hills		ADDRESS 224 West Main Street	CITY /ZIP Park Hills, MO 63601
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Ambient, walk-in cooler		41	Hot hold: cooked noodles (x2), cooked mixed veges (x2)
Ambient, True freezer		0	Hot hold: chicken
Ambient, walk-in freezer		0	True refrigerator/kitchen: ambient
Ambient, chest freezer		2	Chicken, (fully cooked), in oven
			188-190

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
7-102.11	The label on a spray bottle containing a purple liquid, stored below the handwashing sink in the serving area, was no longer legible. Working containers of toxins shall be labeled with the common name of the contents. Please label bottle.	9-11-18	HB
4-501.114A	There was no chlorine detected in the sanitizing cycle of the warewashing machine. Equipment and utensils shall be sanitized after cleaning. Please restore chlorine distribution to obtain 50-100 ppm chlorine in the sanitizing cycle. Please sanitize all equipment and utensils at the 3-vat sink by submersion in quaternary ammonia sanitizer for one minute.	9/13/18	
4-601.11A	Accumulation of debris observed on the table-mounted can opener. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize blade and area around blade after use.	9-11-18	

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
6-501.14A	Debris observed on the mechanical fan vent grates and on the HVAC vents in both the men's and women's bathrooms. Ventilation systems shall not be a source of contamination. Please clean vents in both bathrooms.	9/20/18	HB 
6-501.14A	Dust accumulation observed on the side vents for the condenser on the ice maker. Please clean vents as often as needed to keep free of dust.	9/20/18	
4-601.11C	Splatters observed on the inside door of the cappuccino machine. Please clean inside of machine, including dispensers, at least daily.	9/11/18	
6-501.14A	Accumulation of dust observed on the grates of three portable fans, located in the serving area and warewashing areas. Please clean all surfaces of fans and blades to prevent contamination of clean equipment.	9/20/18	
4-501.14C	The inside of the warewashing machine was dirty (corners, inside of doors), as well as the top of the machine. Warewashing equipment shall be cleaned at least daily. Please clean machine.	9/11/18	
4-501.14C	Accumulation of debris observed on the spray nozzle of the pre-clean shower head at the warewashing machine. Please clean all surfaces and handle of spray nozzle at least daily, more often if needed to keep clean.	9/11/18	
5-205.15B	A leak was observed beneath the 3-vat sink. Plumbing shall be maintained in good repair. Please repair leak.	9/20/18	
6-501.12A	Accumulation of debris on the side entry and stairs leading to storage area. Physical facility shall be clean. Please clean entry and stairs as often as needed to keep clean.	9/20/18	

EDUCATION PROVIDED OR COMMENTS

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Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: Sept. 20, 2018



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ESTABLISHMENT NAME City of Park Hills	ADDRESS 224 West Main Street	CITY /ZIP Park Hills, MO 63601
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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4-903.11A	A box of single-use cups were on the floor in the storage room (by electrical boxes). Single use items shall be stored a minimum of six inches off the floor. Please elevate cups.	9/11/18	HB 
6-501.114A	A burned fan was in the storage room. Equipment that is no longer functional or no longer used shall be removed from premises. Please discard or repair fan.	9/20/18	
6-501.14A	Dust was falling from the fan above the condenser for the walk-in freezer. Ventilation systems shall not be a source of contamination. Please clean fan grate as often as needed to keep dust from accumulation. Clean dust from condenser and around condenser.	9/20/18	
6-501.12A	Debris observed beneath the racks in the walk-in cooler. Please clean floor of cooler as often as needed to keep clean.	9/20/18	
6-303.11A	The light bulb was not working inside the walk-in cooler. Lighting shall be adequate for cleaning inside walk-in coolers. Please replace bulb.	9/14/18	
5-501.113	One lid hinge on the outside trash dumpster was bent, preventing the lid from closing tightly. Outside trash receptacles shall have tight fitting lids. Please have trash company repair the lid or replace the dumpster.	9/20/18	

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	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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