



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

TIME IN	11:03 am	TIME OUT	1:36 pm
DATE	Feb. 7, 2017	PAGE	1 of 4

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: Patti's Little Store		OWNER: Patti Mosier		PERSON IN CHARGE: Ben Mosier	
ADDRESS: 600 Center Street			ESTABLISHMENT NUMBER: 1503		COUNTY: St. Francois
CITY/ZIP: Bismarck 63624		PHONE: (573)734-2560		FAX: (573)734-1063	
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 type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input 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					
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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <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/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"/> N/O <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		<input checked="" type="checkbox"/>
	Good Hygienic Practices			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <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 checked="" type="checkbox"/> IN <input 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)		<input checked="" type="checkbox"/>
	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 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				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"/> 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 checked="" type="checkbox"/> OUT <input 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 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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Ben Mosier</i> Ben Mosier		Date: February 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: Feb. 24, 2017



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Cut tomatoes, cold hold on ice		55 to 58	McCall cooler: ambient, cooked eggs
Hatco display hot hold cabinet		128	Nacho cheese, chili, Gehl dispenser
Hamburgers, grill		175-188	IDW retail sales cooler, ambient
Prep cooler, bottom, ambient		40	Hot hold display case: chicken, potatoes
			Prep table, top: hamburger, sausage, Am. cheese
			39, 41, 38

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	Food splatters observed inside the Sharp microwave. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize a minimum of every four hours while in continual use, more often if needed to keep clean. CORRECTED ON SITE by cleaning	COS	BM
3-501.16A	The ambient temperature of the Hatco hot hold cabinet was 128F. Food shall be held hot at 135F or higher. Please adjust thermostat and monitor temperature at least every four hours. CORRECTED ON SITE by adjusting thermostat; final temperature was 150F.	COS	
3-501.16A	Cut tomatoes are held on ice for customers to dress their sandwiches. The tomatoes had internal temperatures between 55 and 58F. Potentially hazardous food shall be held at 41F or colder. Please monitor temperature of tomatoes and replenish ice water bath as often as needed to keep tomatoes at the correct temperature. CORRECTED ON SITE by discarding tomatoes and preparing fresh ice bath.	COS	
3-101.11	The following over-the-counter medicines were past their expiration date: 1 pkg. Goody's headache powders (12/16); 2 pkgs. of ZZZQuil (11/16); 1 pkg. anti-diarrheal (6/16); 4 pkgs. DrugStore sleep Aid (6/16). CORRECTED ON SITE by pulling from retail and placed in designated area for returns.	COS	
3-501.19B	Water used to dip chicken was changed after five hours, and breading sifted daily. Please change water and sift flour at least every four hours while in continual use. CORRECTED ON SITE by discussion with staff.	COS	

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
4-601.11C	Debris observed in the bottom of the Giles steam oven. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean oven.	2/9/17	BM
3-602.11B	Sandwiches prepared on-site and packaged for retail, held in the Hatco hot hold cabinet, were not fully labeled. Food sold retail shall be labeled with the following information: A) the common name of the food; (B) if made from 2 or more ingredients, a list of ingredients; (C) the quantity; (D) the name and place of business; (E) a list of major food allergens. Please fully label all foods prepared on site for retail.	2/14/17	
4-203.12A	The thermometer inside the IDW hot hold cabinet was not usable (indicator fluid split many times). Thermometers shall be accurate. Please replace thermometer.	2/9/17	
4-601.11C	Accumulation of debris observed on the counter behind the soda and tea dispensers. Please clean as often as needed to keep clean.	2/9/17	
4-204.112 A	A thermometer was not found in the bottom of the pizza prep cooler. Please install an accurate thermometer reading from 0 to 220F in two degree increments in a convenient-to-read location in the warmest part of this cooler.	2/9/17	
4-601.11C	Accumulation of debris on several of the black plastic shelf liners holding beverages in the walk-in cooler. Please clean shelf holders.	2/24/17	

EDUCATION PROVIDED OR COMMENTS

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Walk-in freezer, ambient		0	Walk-in beverage cooler, ambient		40
Beer cave cooler, ambient		34	Ambient, True freeze		0

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7-102.11	Two spray bottles containing purple liquid, stored in the chemical cabinet by the mop sink, were not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label bottles.	2/7/17	BM
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4-601.11C	Debris and/or mold growth observed on the metal shelving in the beer cave. Please clean and sanitize to reduce mold growth.	2/24/17	BM
6-501.14A	Accumulation of dust observed on the fan vents in both customer bathrooms and in the employee bathroom. Ventilation systems shall not be a source of accumulation. Please clean all three vents.	2/14/17	
4-501.11A	Syrup was leaking from the bag-in-boxes in the storage room. Please determine source of leak and repair. Clean floor.	2/24/17	
6-501.11	Mold observed on ceiling tile near the HVAC system. Please determine source of moisture and repair. Replace affected ceiling tiles.	2/24/17	
6-501.11	Water stain observed on ceiling tile in the HVAC room. Please ensure there are no leaks, then either replace or paint the tile.	2/24/17	
5-202.12A	There was no hot water in the employee bathroom. Handwashing sinks shall be supplied with hot and cold running water through a mixing valve. Please repair and supply sink with hot (100F minimum) water at all times.	2/14/17	
6-202.14	The door was not self-closing on the employee bathroom. Doors to bathrooms shall be self-closing. Please install a device to make the door fully self-closing.	2/24/17	
5-501.113	The outside dumpster lids were open. Please keep lids closed to reduce pest attraction and prevent trash from blowing out of the dumpster.	2/7/17	

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3-602.11B	Ice packaged on-site for retail was not fully labeled. Please label packages with the name and place of business.	2/9/17	
4-903.11A	Debris observed on the blue drying rack, stored on the drainboard of the 3-vat sink. Clean equipment shall be protected from contamination. Please clean drying rack and drainboard as often as needed to keep clean.	2/24/17	<i>BM</i>
4-302.14	According to staff who washes dishes, he does not have test strips to check the concentration of chlorine in sanitizer solutions. Please provide test kits at all times to check sanitizer solutions for 50-100 ppm chlorine.	2/14/17	
6-501.14A	Accumulation of dust on the air return wall vent in the kitchen. Please clean as often as needed to prevent accumulation.	2/9/17	

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