



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

TIME IN	9:33am	TIME OUT	12:06pm
DATE	7-17-18	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: R. G. Wedge	OWNER: Glenna Ogle	PERSON IN CHARGE: Glenna Ogle
ADDRESS: 1700 Highway N	ESTABLISHMENT NUMBER: 3441	COUNTY: 187
CITY/ZIP: Bismarck, 63624	PHONE: 573-734-6275	FAX: na
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 RESTAURANT <input checked="" type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input checked="" 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. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled _____ Results pending _____

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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/C <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)		
	Preventing Contamination by Hands				Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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/C <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						
<input type="checkbox"/> IN <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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

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"/>	Single-use/single-service articles: properly stored, used		
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination				<input checked="" type="checkbox"/>	Physical Facilities		
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" 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>[Signature]</i>	Glenna Ogle	Date:	July 17, 2017
Inspector: <i>[Signature]</i>	John Wiseman	Telephone No.:	(573) 431-1947
		EPHS No.:	1507
		Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:	



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

ESTABLISHMENT NAME R. G. Wedge		ADDRESS 1700 Highway N	CITY /ZIP Bismarck, 63624	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Deli refrigerator, freezer		46, 20		
Woods freezer		20		
Walk-in cooler		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	The deli area and everything in is is generally and ubiquitously soiled and in disrepair. Food contact surfaces shall be clean to sight and touch and sanitized. The condition of the deli does not meet the minimum sanitation requirements for the preparation of food. According to the owner, the deli is not in use for the preparation of food. The deli and all equipment in it appear to be unused. Do not use the deli for the preparation of food of any type until it is thoroughly cleaned and sanitized.	8-1-18	
6-501.111	Rodent droppings were observed on the deli counter surfaces. The presence of insects, rodents and other pest shall be controlled to minimize their presence on the premises. Please take action to minimize the presence of rodents on the premises.		
3-501.16B	The deli refrigerator ambient temperature was measured at 46F. Potentially hazardous foods shall be stored at 41F or less. According to the owner, all food in the refrigerator is for personal use.		
3-302.11A	Raw shell eggs were observed stored above bottle water in the reach-in portion of the walk-in cooler. Cross contamination shall be prevented by storing raw animal products away from and below ready to eat foods. Please place raw eggs below all other foods. NOTE: The three compartment sink appears unused. Water is available through the faucet. It is directly plumbed.		

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
6-501.11	A hole approximately eight inches in diameter is located in the ceiling in the deli area. This hole appears to be from water damage. Physical facilities shall be in good repair. Please repair.	8-1-18	
6-501.11	The facility flooring is damaged in numerous places. Tiles are missing from large areas of the floor. The wood subfloor is exposed in large areas throughout the facility. The subfloor is has holes and is buckled in the deli area. Physical facilities shall be in good repair. Please repair.		
6-501.11	A fifteen square foot portion of the ceiling at the north end of the retail area has collapsed. Physical facilities shall be in good repair. Please repair.		
6-501.12A	All surfaces throughout the facility, including the floors, walls, ceiling, shelving, coolers, equipment and storage areas are generally dirty. Physical facilities shall be cleaned as often as necessary to keep them clean. Please thoroughly clean the facility.		
6-501.18	The hand wash sink in the deli is dirty and is not supplied with cold water. Hand wash sinks shall be clean and provided with hot and cold running water. Please clean the sink and provide hot and cold water.		
5-205.15B			
6-202.15	Ductwork has been installed in the rear entry door. According to the owner, the ductwork is connected to an outside air conditioner. Large gaps were observed around the rear entry door. The outer opening of a food establishment shall be protected against the entry of insects, rodents and other pests. Please seal all points of entry into the building to minimize access by pests.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title 	Glenna Ogle	Date: July 17, 2017
Inspector: 	John Wiseman	Telephone No. (573)431-1947
	EPHS No. 1507	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:



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ESTABLISHMENT NAME R. G. Wedge		ADDRESS 1700 Highway N		CITY /ZIP Bismarck, 63624	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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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6-501.11A	An accumulation of non-functioning and unused equipment is located at the rear of the retail area including a dirty and unused glass front freezer, boxes of PVC fittings and unused retail shelving. A pile of cardboard boxes is located in this area as well. The premises shall be free of clutter and items that are unnecessary to the operation or maintenance of a food establishment. Please remove all clutter and unused equipment.	8-1-18 ↓	9
6-501.12A	The restroom, denoted by the sign on the outside of the door, is dirty. The hand wash sink faucet		
5-205.15B	does not have handles. Paper towels are not available at the sink. The toilet is dirty. Hand wash		
6-301.12A	sinks shall be provided with hot and cold running water, soap, and a sanitary means of hand drying. Please clean all surfaces and fixtures in the restroom, repair the sink faucet and provide paper towels.		
4-501.11A	A large amount of water was observed condensing of the doors and door frames of the reach-in		
6-501.12A	cooler. This water flows from the cooler area toward the front of the store on the north side. Numerous dead flies are in the water. Equipment shall be maintained in good repair. Physical facilities shall be cleaned as often as necessary to keep them clean. Please address and stop the condensation and pooling of water.		
6-501.12A	Dirt and mold was observed on walls, floors and shelving in the walk-in cooler. The floor in the		
4-601.11C	cooler is damages such that it is not cleanable. Please repair the floor and clean and disinfect all surfaces in the cooler.		

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Inspector:	John Wiseman	Telephone No. (573)-431-1947	EPHS No. 1507
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date:	



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4-903.11A	Single service cups were observed stored on the floor near the three compartment sink. Single use items shall be protected from contamination by storing them at least six inches off of the floor.	8-1-18	<i>[Handwritten Signature]</i>
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Inspector: <i>[Signature]</i> John Wiseman	Telephone No. (573) 431-1947 EPHS No. 1507 Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: