



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

TIME IN	10:05 am	TIME OUT	12:23 pm
DATE	Feb. 2, 2018	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: Rhodes 101 #360	OWNER: PAJCO, Inc.	PERSON IN CHARGE: Angela Gibbs, manager
ADDRESS: 1200 North Desloge Drive	ESTABLISHMENT NUMBER: 0186	COUNTY: St. Francois
CITY/ZIP: Desloge 63601	PHONE: (573)431-7231	FAX: (573)431-7231
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 type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/O <input checked="" 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 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"/> Q/T	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"/> C <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected						
<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 type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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>Angela Gibbs</i> Angela Gibbs, manager	Date: February 2, 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: Feb. 14, 2018



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ESTABLISHMENT NAME Rhodes 101 #360		ADDRESS 1200 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Nacho cheese, dispenser		138			
Pepsi cooler, ambient		36			
Deli sandwich cooler, ambient		38			
Coca Cola cooler, ambient		40			

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
2-401.11	"OLD" KITCHEN AREA Employee open drinks and food were stored on a counters that also held food. Employees shall eat and drink only in designated areas and store personal food where food, clean equipment and utensils, clean linens, and single-use items cannot be contaminated. Employees may drink from lidded containers as long as the container is stored where food and food-related items are protected from contamination. Please designate an area for employees to eat, drink, and store their food and beverages.	2/2/18	AG
7-207.11B	Employee medicines and moisturizers were stored on a counter also holding food and single-use items. Employee medicines shall be stored in a designated location where food and food-related items cannot be contaminated.	2/2/18	
7-201.11B	A can of spray disinfectant and a can of Air Wick were stored on counters also holding food and single-use items. Chemicals shall be stored separately or below food, clean equipment and utensils, clean linens, and single-use items. Please store all chemicals in a designated area where these items cannot be contaminated.	2/2/18	
7-102.11	A bucket labeled "sanitizer" held a mixture of water and dish detergent. Working containers of chemicals shall be labeled with the common name of its contents. Please store dish detergent solutions in a container bearing the correct label. CORRECTED ON SITE by labeling bucket as dish detergent	COS	
3-501.13A	Frozen sandwiches were thawed at room temperature. Food shall be thawed in a refrigerator. Please do not thaw any food by leaving it stand at room temperature on counter tops. CORRECTED ON SITE by discussion with manager	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
3-304.12E	DRIVE UP AND "OLD" KITCHEN AREA An ice scoop at the drive-up window was stored on the soda dispenser grate. In-use utensils shall be stored on a surface that is cleaned and sanitized. Please store the scoop in the ice bin with the handle above the surface of the ice, or in a container that is clean and sanitized at least daily.	2/2/18	AG
3-304.14B	A wet wiping cloth was stored on the drive-up window counter. Wet wiping cloths shall be stored in a container of sanitizer between uses. Please prepare a container of sanitizer, labeled with the common name of the sanitizer, to store wet wiping cloths.	2/2/18	
4-903.11A 7-207.11A	A metal "drawer" was stored on the floor below a stainless steel table, located below the hood in the "old" kitchen. The drawer contained a mixture of items, including employee medicines. Only those medicines required for the health of employees shall be allowed; equipment shall be stored a minimum of six inches off the floor to allow cleaning. Please remove items no longer needed from the drawer and store drawer off floor.	2/2/18	
6-301.11	The handwashing sinks in both the kitchen and warewashing area were equipped with hand sanitizer but not hand soap. Soap shall be supplied at all times; sanitizers may be used ONLY after washing with soap.	2/2/18	

EDUCATION PROVIDED OR COMMENTS

A line through an item on page one indicates the item was not observed or is not applicable.

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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. 14, 2018



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Half N Half, dispenser		36	Walk-in freezer, ambient		0	
Monster beverage cooler, ambient		42	Walk-in cooler, ambient		38	
Chest ice cream freezer, ambient		20	Walk-in beer cooler, ambient		36	
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	RETAIL AREA Lime build-up and debris observed on the area above and behind the ice dispenser and lever on both Coca Cola dispensers. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize entire dispensing area at least daily.				2/2/18	RG
3-501.17A	The boxes of creamers inside the flavored cream dispenser were not labeled with a date of disposition. Once placed in the dispenser, the boxes shall be labeled with a 7-day disposition date, which is the day the box was placed in the dispenser plus an additional six days. Please label boxes with the disposal date, and dispose of all unused portions on the last day. Also, always pre-chill unopened boxes in a cooler prior to placing them in the dispenser.				2/2/18	
7-201.11B	WAREWASHING AREA A box of Brillo pads and a spray bottle of delimer were stored above the drainboard, and a container of dish detergent was stored on the drainboard, of the 3-vat sink. Cleaners and chemicals shall be stored below clean equipment. Please store all cleaners and chemicals below the sink or on a chemical rack.				2/2/18	
4-601.11A	WALK-IN COOLERS AND FREEZER White mold was observed on several of the black wire racks inside the walk-in cooler holding milk and beverages. Because mold spores can contaminated food packaging, it is considered a food-contact surface. Please wash, rinse, and sanitize all shelves inside this cooler to reduce mold growth.				2/14/18	
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6-202.15A	RETAIL AREA Daylight was observed between the front entry doors. Outside entry doors shall be sealed to reduce pest entry points. Please seal door.				2/14/18	RG
3-304.12B	A single-use cup was stored in a bulk container of sugar in a cabinet below the tea dispensers, and the handle of a large spoon was in contact with the sugar. In-use utensils shall be multi-use (cleanable) and have a handle that is stored above the surface of the food, or on a clean and sanitized surface. Please dispose of single-use cup and store handle of spoon above the surface of the food or in a sanitized container.				2/2/18	
4-501.11A	BATHROOMS One toilet seat in the women's bathroom was worn and pitted. Please replace to allow effective cleaning.				2/14/18	
6-301.14	The handwashing sign in the women's bathroom was worn. Please replace to remind users of the importance of washing hands.				2/2/18	
6-202.14	The door to the men's bathroom did not fully close. Bathroom doors shall fully self-close. Please repair to allow door to close.				2/14/18	
6-501.16	WAREWASHING AREA A wet mop was stored inside an empty bucket. Wet mops shall be stored to allow drying. Please hang mop after use.				2/2/18	
4-302.14	Test strips were not available to check the concentration of chlorine in bleach sanitizer solutions. Please provide test strips for chlorine. Prepare chlorine sanitizer by mixing 1/2 to 1 teaspoon of regular, unscented bleach in each gallon of water to produce a solution that has 50 to 100 ppm chlorine.				2/14/18	
EDUCATION PROVIDED OR COMMENTS						
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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. 14, 2018	



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ESTABLISHMENT NAME Rhodes 101 #360	ADDRESS 1200 North Desloge Drive	CITY /ZIP Desloge 63601
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

2-201.11	An employee illness policy was not provided upon request. The person in charge is responsible for ensuring all employees know and adhere to the illness policy. The policy can be developed using chapter 2 of the Missouri Food Code (2-201.11, 2-201.12, 2-201.13) and/or the FDA Employee Health and Personal Hygiene Handbook. If the FDA Handbook is used, state the pages that are required to be read by all staff and have staff sign a reporting agreement. Both the handbook and the Food Code are available online.	2/14/18	
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Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

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EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Angela Gibbs</i> Angela Gibbs, manager	Date: February 2, 2018
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. EPHS No. Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (573)431-1947 1390 Follow-up Date: Feb. 14, 2018