



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

TIME IN	11:52am	TIME OUT	12:48pm
DATE	June 23, 2017	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: S-F Scout Ranch, Camp Gamble Commissary/PX	OWNER: Boy Scouts of America Greater St. Louis Area Council	PERSON IN CHARGE: Joshua Ramsey, Asst. Rch Dir
ADDRESS: 150 U. S. Highway 67	ESTABLISHMENT NUMBER: 4785	COUNTY: St. Francois (187)
CITY/ZIP: Knob Lick 63651	PHONE: 573/756-5738	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 _____		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input 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		
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 checked="" type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled <u>6/19/2017</u> Results <u>Pending</u>		

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		
	<b>Employee Health</b>			<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		
	<b>Good Hygienic Practices</b>			<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 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 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)		
	<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 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		
	<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 checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/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				<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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <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 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 type="checkbox"/>	<input checked="" 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 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		
		<b>Food Identification</b>			<input checked="" type="checkbox"/>	<input 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		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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 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>Joshua Ramsey</i> Joshua Ramsey, Asst. Rch Dir	Date: June 23, 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: July 5, 2017

*John Wiseman* John Wiseman, EPHS 1507



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ESTABLISHMENT NAME S-F Scout Ranch, Camp Gamble Commissary/PX		ADDRESS 150 U. S. Highway 67	CITY /ZIP Knob Lick 63651		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Chest ice cream freezer in commissary		0	Walk-in cooler, ambient		38
Ice freezer in commissary (held only ice)		38	Ambient: beverage cooler, chest freezer in PX		40, 18

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
NOTE	Temperature of food prior to leaving Camp Eagle pack room: cheese 40F, sliced ham 41F, lettuce 46F Temperature of food after arrival at Camp Gamble: cheese 46F, sliced ham 44F, lettuce 49F		JR
3-501.16A	<b>COMMISSARY</b> Food for boys is transported in a rented box-type van without refrigeration. Lettuce was above 41F before leaving Camp Eagle (46F) and was temped in the pack room at 8:00 am at Camp Eagle at 45F. Upon arrival at this facility, the cheese had internal temperature of 46F, ham at 44F, and lettuce at 49F. The crates of food were placed on shelves after arrival, then distributed to packs. Refrigerated potentially hazardous food shall be held at 41F or lower. Please ensure all food is at 41F before leaving Camp Famous Eagle and is transported in iced coolers or refrigerated compartments.	6/24/17	JR
4-601.11A	Pitchers and an Igloo insulated beverage cooler were stored on the shelf. All were dirty, and the beverage cooler had a liquid inside that smelled of lemonade. Please send all food-contact equipment to Camp Eagle after use for wash, rinse, and sanitize. Store in covered containers to prevent contamination during storage.	6/23/17	
7-102.11	A spray bottle containing a green liquid was stored in the chemical closet. The bottle was not labeled. Working containers of chemicals shall be labeled with the common name of the contents.	6/23/17	
4-601.11A	Mold was observed inside the top of the ice maker and on the door. Please dispose of ice, wash, rinse, sanitize, and air dry all inside surfaces of the ice maker before returning to service.	6/24/17	
6-501.111	Rodent droppings were observed on the floor and on wall bracing. The presence of insects and rodents shall be controlled to minimize their presence in the facility. Control measures shall include closing entry points into the building, minimizing clutter and harborage, and using traps to control population.	7/5/17	

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
6-301.12	<b>COMMISSARY</b> There were no paper towels available at the handwashing sink. Please supply paper towels in a dispenser at all times.	6/23/17	JR
4-904.11	<b>PX</b> Plastic wear in the PX was stored in canisters with their handles down. Please store unwrapped utensils with the handles up to prevent contamination of food-contact surface when retrieving utensil.	6/23/17	
6-202.15A	The outside entry doors into the PX were not self closing. Outside entries shall be sealed and self-closing. Please make either the screen doors fully self-closing and sealed, or the inner doors fully self-closing and sealed to prevent the entry of pests.	7/5/17	
6-301.11	There was no soap or paper towels at the handwashing sink in the PX. Please supply paper towels in a dispenser and soap at all times.	6/23/17	
6-301.12	The facility and equipment were dusty. Please clean facility, shelves, equipment as often as needed to keep clean.	7/5/17	
6-501.12A			

EDUCATION PROVIDED OR COMMENTS

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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.**

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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.**

5-501.114	One of the dumpsters on site was not equipped with a plug in the drain hole. Outside refuse receptacle shall be leak proof. Please install a plug in the dumpster to avoid attracting pests.	7/5/17 ↓	JR ↓
6-202.15	The facility entry door is not self closing. Outer openings of a food establishment shall be protected against the entry of insects and pests by use of a solid, tight-fitting, self closing door. Please install a self-closing device on the entry door.		
6-202.15	Visible gaps were observed around the retractable service doors in the commissary. Outer openings of a food establishment shall be protected against the entry of insects and pests by use of a solid, tight-fitting, self closing door. Please seal the gaps around the doors to prevent entry of pests.		
4-302.12	A food thermometer was not available to determine arrival temperatures of potentially hazardous foods delivered to the commissary prior to distribution. Please provide a food thermometer at this location.		

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