



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

TIME IN	3:57pm	TIME OUT	5:12pm
DATE	8-3-18	PAGE	1 of 2

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: SFC 4H Council Food Stand		OWNER: St. Francois County Fair Board		PERSON IN CHARGE: Linda Moran	
ADDRESS: 1450 Woodlawn Drive			ESTABLISHMENT NUMBER: 4729		COUNTY: 187
CITY/ZIP: Park Hills, 63601		PHONE: 573-756-4539		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 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 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 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 reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
Good Hygienic Practices							
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" 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"/> 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	Proper cold holding temperatures		
Preventing Contamination by Hands							
<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	Proper date marking and disposition		<input checked="" type="checkbox"/>
<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				Time as a public health control (procedures / records)		
<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	Consumer Advisory		
Approved Source							
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<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"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Pasteurized foods used, prohibited foods not offered		
<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	Chemical		
Protection from Contamination							
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected				Food additives: approved and properly used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized	<input checked="" type="checkbox"/>			Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				Conformance with Approved Procedures		
<p>The letter to the left of each item indicates that item's status at the time of the inspection.</p> <p>IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item</p>							

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"/>	Adequate equipment for temperature control			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves used properly		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vending		
Food Identification									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Prevention of Food Contamination									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge Title: <i>Linda Moran</i> Linda Moran		Date: August 3, 2018	
Inspector: <i>John Wiseman</i> John Wiseman	Telephone No. (573)431-1947	EPHS No. 1507	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____	



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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME SFC 4H Council Food Stand		ADDRESS 1450 Woodlawn Drive		CITY /ZIP Park Hills, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Pulled pork		157	Cold hold: tomato, cheese		37, 35
Nacho cheese		166	Crosley chest freezers 1 & 2		0, 0
Nacho beef		173			
Hamburger from grill		178			
Crosley refrigerator/freezer		40, 0			

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
3-304.15A	Food employees were observed reusing single use food service gloves. Single use gloves may not be reused. COS by discarding the gloves and discussing the requirement with the manager.	COS	
4-501.114	Splashless bleach was observed in use for sanitizing surfaces. Only approved agents may be used for sanitizing food contact surfaces. COS The sanitizer was discarded and made fresh from common household bleach to the correct concentration.	COS	
3-501.17A	A discard date was not observed on an open package of hot dogs in the Crosley refrigerator. Potentially hazardous foods held refrigerated shall be marked with a discard date that is six days after the date of preparation or opening from a sealed package. COS by marking with a discard date.	COS	
4-601.11A	Food splatters were observed inside kitchen microwave. Food contact surfaces shall be clean to sight and touch. COS by cleaning the microwave interior.	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
6-202.15A	The front entry door of the facility was propped open. The outer openings of a food establishment shall be protected against the entry of insects, rodent and other pests. COS by closing the entry door.	COS	
6-202.15A	A visible gap was observed at the bottom of the rear entry door. The outer openings of a food establishment shall be protected against the entry of insects, rodent and other pests. Please close the gap at the bottom of the door.	next routine	
4-903.11A	A case of foam cups was stored on the floor in the rear of the facility. Single use items shall be protected from contamination by storing them at least six inches off of the floor. COS by removing the cups from the floor.	COS	
5-501.13	A cardboard box was used as a waste receptacle in the rear of the facility. Receptacles for waste shall be durable, cleanable, insect and rodent resistant and leakproof. Plastic waste cans are present on the premises. COS The cardboard boxes were removed from the premises.	COS	
3-305.12I	Fly strips were located above a roaster and above single use items at the service area. Pest traps shall be located to prevent contamination of food, equipment and single use items. COS by removing the sly strips.	COS	
4-302.14	Chlorine test strips were not available for testing sanitizer concentrations. A test kit or device shall be available for determining proper sanitizer concentrations. Please obtain sanitizer test strips.	next routine	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Linda Moran		Date: August 3, 2018	
Inspector: John Wiseman	Telephone No. (573)431-1947	EPHS No. 1507	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date: