



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

TOTAL TIME: 3:38 PM-6:41 PM

TIME IN May 6, 2017	3:50 pm	TIME OUT 4:51 pm
DATE		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: Saint Francois County Raceway Snack Shack	OWNER: Amy and Brian Blair	PERSON IN CHARGE: Kelly Farris
ADDRESS: 1440 Woodlawn Drive	ESTABLISHMENT NUMBER: 0268	COUNTY: St. Francois
CITY/ZIP: Park Hills, 63601	PHONE: (573)756-9248	FAX:
		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> RESTAURANT <input 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"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD		
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		
FROZEN DESSERT <input 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 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 <input 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"/> 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	✓		<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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 checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food obtained from approved source	✓		<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/C <input type="checkbox"/> N/A	Food received at proper temperature			<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 checked="" 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 checked="" type="checkbox"/> OUT <input 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.		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected				IN = in compliance	OUT = not in compliance	
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized				N/A = not applicable	N/O = not observed	
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				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"/>		Pasteurized eggs used where required			<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		Water and ice from approved source			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		Food 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"/>		Adequate equipment for temperature control			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>		Approved thawing methods used					Utensils, Equipment and Vending		
<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"/>		Food properly labeled; original container			<input type="checkbox"/>	<input checked="" 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"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" 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"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" 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:

Kelly Farris

Date: May 6, 2017

Inspector:

Rose Mier

DISTRIBUTION: WHITE - OWNER'S COPY

CANARY - FILE COPY

Follow-up: Yes No
Follow-up Date: May 19, 2017



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PAGE 2 of 2

ESTABLISHMENT NAME		ADDRESS		CITY / ZIP	
Saint Francois County Raceway Snack Shack		1440 Woodlawn Drive		Park Hills, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F	
Coca Cola cooler, 2-door, ambient		40	Chest freezers (4)	10, 0, 0, 0	
Chicken, deep fryer		177-202	Hamburgers, grill	182, 179	
Chili, hot hold		154	Cheese sauce, hot hold	154	
Coca cola cooler, storeroom, ambient		31	PowerAid cooler, storeroom	41	
Condiment cooler, ambient		40	1-door Coke cooler: ambient, hotdogs	45, 40	
Code Reference	PRIORITY ITEMS				Correct by (date) Initial
	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.				
2-301.14	Staff were observed putting on gloves without washing their hands, and one person was observed blowing into the glove to make it easier to put on. CORRECTED ON SITE by discussion with manager who instructed staff when to wash hands and to not blow into gloves to prevent contamination.				COS 
3-201.11	Pulled pork was made at home. Food shall be from an approved source. Please do not allow any food or food-related items to be obtained from, prepared or stored in a non-inspected facility. CORRECTED ON SITE by taking pork home.				COS 
NOTE	The ambient temperature of the 1-door Coca Cola cooler was 45F. The hotdogs held in the cooler had an internal temperature of 40F. Please monitor the temperature of the food held in this cooler to ensure it remains below 41F.				
NOTE	According to Ms. Farris, leftover food may be cooled and frozen. Please ensure time and temperature are monitored during cooling: cool from 135F to 70F within 2 hours, then from 70F to 41F within another four hours. To facilitate cooling, place in shallow containers and nest in ice bath; stir; if covered, allow venting for escape of steam. Record time when food reaches 135F, then 70F, then 41F. Date label food for disposition (7 days total unfrozen)				
Code Reference	CORE ITEMS				Correct by (date) Initial
	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.				
6-301.11	There were no soap or paper towels at the handwashing sink in the cooking area. Handwashing sinks shall be supplied with soap and paper towels at all times. CORRECTED ON SITE by providing soap and installing towels into the dispenser.				COS 
6-301.12					
4-903.11A	A box of single-use cups was stored on the floor. Please store single-use items at least six inches off the floor. CORRECTED ON SITE by storing on shelf.				COS 
6-501.14A	Four portable floor fans were very dirty. Ventilation systems shall not be a source of contamination. Please clean fans.				5/13/17 
5-205.11A	A portable food chest was sitting on top of the handwashing sink by the 3-vat sink. Handwashing sinks shall be accessible at all times. CORRECTED ON SITE by moving chest.				COS 
4-904.11A	Plastic utensils for customer self-serve were stored with their handles down in cups. Please store with handles up to protect food contact surfaces from contamination. COS by inverting utensils.				COS 
3-304.12B	Handles were in contact with the ice in the ice bins. Please store on a sanitized surface or with handle above the surface of the food. COS by discussion with staff and putting handles up in ice.				COS 
4-601.11C	Silty dust observed on top of the chest freezers and shelves in the storeroom. Please clean non-food contact surfaces as often as needed to keep clean.				5/13/17 
6-202.15A	The doors were propped open for ventilation, which allows for dust and pests to enter the building. Please keep doors closed or install screens (16 mesh to the inch) that are self-closing and sealed.				5/13/17 

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:

Kelly Farris

Date: May 6, 2017

Inspector:

Rose Mier

Telephone No.

EPHS No.

(573)431-1947

1390

Follow-up: Yes

No

Follow-up Date: May 19, 2017