



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 | 3:50 pm | TIME OUT | 4:51 pm |
| DATE | May 6, 2017 | 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: | |
| 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 N/O N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> OUT N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | Hands clean and properly washed | <input checked="" type="checkbox"/> | | <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 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 checked="" type="checkbox"/> | | <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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Food obtained from approved source | <input checked="" type="checkbox"/> | | <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/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 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 checked="" type="checkbox"/> OUT N/A | Food separated and protected | | | | | | |
| <input checked="" type="checkbox"/> OUT 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 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 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 | | | | | Utensils, Equipment and Vending | | |
| <input checked="" type="checkbox"/> | <input 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 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 | | |
| | | 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 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 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 | | |

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|---|--------------------------------|----------------------|---|
| Person in Charge Title: <i>Kelly Farris</i> Kelly Farris | | Date: May 6, 2017 | |
| Inspector: <i>Rose Mier</i> Rose Mier | Telephone No. (573)431-1947 | EPHS No. 1390 | Follow-up: Follow-up Date: May 19, 2017 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |



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FOOD ESTABLISHMENT INSPECTION REPORT

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|---|--|--------------------------------|--------------------------------------|---------------------------------|--------------|
| ESTABLISHMENT NAME Saint Francois County Raceway Snack Shack | | ADDRESS 1440 Woodlawn Drive | | CITY / ZIP 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 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 |
|----------------|---|-------------------|---------|
| 2-301.14 | 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 | KG |
| 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 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 |
|----------------------|---|-------------------|---------|
| 6-301.11 6-301.12 | 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 | KG |
| 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

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|--|--------------------------------|------------------------------|
| Person in Charge (Title): <i>Kelly Farris</i> Kelly Farris | | Date: May 6, 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: May 19, 2017 |