



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

TIME IN	8:50 am	TIME OUT	10:08 am
DATE	Oct. 18, 2018	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: Subway #15488		OWNER: Shawn Meinershagen	PERSON IN CHARGE: Regina Benson	
ADDRESS: 1 Northwood Street		ESTABLISHMENT NUMBER: 0107	COUNTY: St. Francois	
CITY/ZIP: Bonne Terre 63628		PHONE: (573)358-7821	FAX: (573)431-9299	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" 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				
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 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		
<b>Employee Health</b>							
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<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 checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<b>Good Hygienic Practices</b>							
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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		
<b>Preventing Contamination by Hands</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	Proper date marking and disposition		
<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 type="checkbox"/> IN <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		
<b>Approved Source</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	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"/> IN <input 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		
<b>Protection from Contamination</b>							
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected			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 <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	COS	R	IN	OUT	COS	R
<b>Safe Food and Water</b>							
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Pasteurized eggs used where required			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	In-use utensils: properly stored		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Utensils, equipment and linens: properly stored, dried, handled		
<b>Food Temperature Control</b>							
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate equipment for temperature control			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Approved thawing methods used			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided and accurate			<b>Utensils, Equipment and Vending</b>			
<b>Food Identification</b>							
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Prevention of Food Contamination</b>							
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<b>Physical Facilities</b>			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Fruits and vegetables washed before use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices		
				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage and wastewater properly disposed		
				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned		
				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained		
				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Regina Benson</i> Regina Benson		Date: October 18, 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: Oct. 29, 2018



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ESTABLISHMENT NAME Subway #15488		ADDRESS 1 Northwood Street		CITY /ZIP Bonne Terre 63628		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Walk-in cooler, ambient		36	Cold hold table: cut lettuce, tuna salad, cut tomatoes		40, 32, 41	
Walk-in freezer, ambient		0	Cold hold table: chicken, eggs, roast beef		37, 38, 41	
Beverage cooler in dining room, ambient		40	Hot hold table: meatballs, chicken		138, 164	
			Hot hold: soup, chili		182, 176	
			Refrigerator/service area: ambient, chicken		40, 41	
Code Reference	<b>PRIORITY ITEMS</b> 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
	There were no priority violations noted during this visit.					
Code Reference	<b>CORE ITEMS</b> 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
6-501.14A	WOMEN'S BATHROOM Accumulation of dust on the ceiling fan vent. Ventilation systems shall not be a source of contamination. Please clean vent as often as needed to keep clean.				10/29/18	RB ↓
5-501.17	The lid on the trash can would not stay closed. Trash cans in bathrooms used by females shall have lidded trash receptacles. Please repair so the lid stays closed, or replace.				10/29/18	
6-501.11	The finish on the toilet seat was chipped, preventing effective cleaning. Please repair the damage or replace the toilet seat to provide a smooth and non-absorbent surface.				10/29/18	
5-205.15B	The handwashing sink was pulling away from the wall and facing downward. Plumbing fixtures shall be maintained in good repair. Please repair sink so it is firmly attached to the wall.				10/29/18	
6-501.14A	MEN'S BATHROOM The grate over the ceiling fan vent was dirty. Please clean as often as needed to keep clean.				10/29/18	
3-304.12A	SERVICE COUNTER In-use utensils were stored with their handles in contact with the food in the cold wells holding cubed chicken and shredded beef, and in containers of chicken in the under-counter refrigerator. Handles of in-use utensils shall be stored above the lid in containers of potentially hazardous food. Please store these in-use utensils so the food is not contaminated by the handles.				10/18/18	
4-903.11A	Debris was observed on the inside of the container holding clean knives, located next to the cookie display. Clean utensils shall be protected from contamination while in storage. Please wash, rinse, and sanitize all surfaces of the knife holder.				10/18/18	
EDUCATION PROVIDED OR COMMENTS						
Person in Charge /Title: Regina Benson						
Inspector: Rose Mier				Telephone No. (573)431-1947	EPHS No. 1390	Date: October 18, 2018
				Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: Oct. 29, 2018	



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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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
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4-601.11C	SERVICE COUNTER, continued Dried food debris observed on the handles of the under-counter refrigerator. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean the handles as often as needed to prevent contamination of hands when opening the doors.	10/18/18	RB ↓
6-301.14	The sign at the handwashing station was not visible due to containers placed in front. Please install a sign where it is visible at this handwashing sink.	10/18/18	
6-501.18	BACK WORK AREA Debris observed on the ledges of the handwashing sink. Sinks shall be kept clean. Please clean all surfaces of sink as often as needed to keep clean.	10/18/18	
6-301.12A	There were no towels in the dispenser at the handwashing sink. Handwashing sinks shall be fully stocked at all times. Please keep towels in dispenser. CORRECTED ON SITE by installing towels.	COS	
5-501.113B	OUTDOORS One dumpster lid was open. Outside trash receptacles shall have closed lids to reduce pest attraction. Please keep dumpster lid open.	10/18/18	
5-501.115	Trash observed on the ground behind the dumpster. Dumpster areas shall be clean to reduce pest attraction. Please keep grounds around dumpster free of trash.	10/29/18	

EDUCATION PROVIDED OR COMMENTS			

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Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: Oct. 29, 2018