



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

TIME IN	10:08 am	TIME OUT	11:48 am
DATE	Sept. 11, 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: The Tackle Box	OWNER: Lisa Brenneke	PERSON IN CHARGE: Lisa Brenneke
ADDRESS: 721 South Cedar Street	ESTABLISHMENT NUMBER: 4806	COUNTY: St. Francois
CITY/ZIP: Bismarck, MO 63624	PHONE: (573)734-8255	FAX: none
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 type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD		
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		
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		
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"/> IN <input checked="" type="checkbox"/> OUT <input 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/O <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/O <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 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 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			Highly Susceptible Populations			
<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	Pasteurized foods used, prohibited foods not offered		
Approved Source				Chemical			
<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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>				
<input type="checkbox"/> IN <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	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
<input type="checkbox"/>	<input checked="" 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"/>	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			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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Lisa Brenneke</i>	Lisa Brenneke	Date: Sept. 11, 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: Sept. 25, 2018



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ESTABLISHMENT NAME The Tackle Box		ADDRESS 721 South Cedar Street		CITY /ZIP Bismarck, MO 63624	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Baked chicken wings (precooked) from oven		189-191	Kenmore refrigerator: ambient, ham		39, 31
Chicken tenders (precooked) from oven		180 to 185	Beverage coolers, ambient		60, 34
Kenmore freezer, ambient		10	Sandwich cooler, ambient		39
Criterion chest freezer, ambient		0	Hot hold display cabinet, ambient		160
Crosley chest freezers, ambient		0, 0	Walk-in cooler, ambient		41

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
7-102.11	A squeeze bottle containing a clear liquid, stored on the shelf above the mop sink, was not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label bottle.	9/11/18	
7-202.11	A container of horse Fly Rid was stored on the shelf above the mop sink. This insecticide is not labeled for use in a food facility. (It may be sold retail). Please remove this insecticide from kitchen.	9/11/18	
7-102.11	A spray bottle containing a yellow liquid was stored in the stairwell. Please label the bottle with the common name of the contents.	9/11/18	
7-201.11	Two spray bottles of cleaners were stored hanging on the sanitizing vat of the 3-vat sink. Chemicals shall be stored separately or below clean equipment. Please do not store chemicals on or above the sink.	9/11/18	
3-307.11	Raw chicken was stored intermixed with facility brats and hot dogs. The chicken was staff food. Facility food shall be protected from contamination by staff food by storing staff food in a designated location on the lowest part of the cooler. Also, raw animal-derived foods shall be stored below all other foods to prevent cross contamination. CORRECTED ON SITE by putting chicken in bait cooler.	COS	
3-302.11A	Dust observed in the hood and window frame in the hood area, presenting a risk of contamination from debris falling into food. Please clean hood and area around hood as often as needed to keep clean.	9/11/18	
4-601.11A	Wild game was stored in the Crosley deep freezer. Food shall be from an inspected facility. Please remove all wild game from the facility.	9/12/18	
5-203.14B	There was no backflow prevention device on the outside hydrant where a hose was stored. Water shall be protected from contamination from backflow. Please install an American Society of Sanitary Engineering (ASSE) rated hose bibb vacuum breaker on the hose bibb.	9/15/18	

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
5-202.12A	The handwashing sink in the kitchen had the water turned off. Handwashing was done at the 3-vat sink. Handwashing sinks shall be supplied with hot (100F minimum) and cold running water through a mixing faucet; hands may not be washed at a warewashing sink. Please fix the plumbing to restore water to this sink.	9/15/18	
6-202.14	The bathroom door was not self-closing. Please install a device to make this door fully self-closing.	9/15/18	
5-202.12A	There was no hot water at the mop sink. Mop sinks shall be supplied with hot water. CORRECTED ON SITE by turning on hot water to sink.	COS	
6-501.18	The mop sink was dirty. Sinks shall be kept clean. Please clean sink after use.	9/11/18	
6-501.16	The wet mop was stored in the mop sink. Mops shall be hung to dry. Please provide a location to hang wet mops for drying.	9/15/18	
4-601.11C	Accumulation of debris observed on the drawer fronts of the butcher block cabinet. Nonfood contact surfaces shall be cleaned at a frequency to prevent the accumulation of debris. Please clean drawer fronts.	9/15/18	
4-501.11A	The Teavana beverage cooler had an ambient temperature of 60F (only non-potentially hazardous beverages were held in this cooler). The unit leaked water. Please repair unit. NOTE: According to manager, the machine will be removed by the beer company that owns it.	9/15/18	
6-202.15A	The store has expanded into an adjacent area that has not been finished. The outside entry door was not self-closing. Outside entries shall be self-closing and sealed. Please install a self-closing device on this door.	9/25/18	
6-101.11A	The inside doorway was not finished, exposing raw wood and unfinished concrete. Floors and walls shall be smooth, nonabsorbent, and cleanable. Please finish the doorway.	9/25/18	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Lisa Brenneke</i> Lisa Brenneke		Date: Sept. 11, 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: Sept. 25, 2018



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6-501.111	Rodent droppings were observed in the cabinets below the soda dispenser. Please remove all evidence of rodents and begin an approved method of rodent control (ex: covered bait traps). Please monitor facility for evidence of rodents.	9/25/18	LB
3-501.14A 3-501.15	Gravy was being cooled in the refrigerator, but was not monitored. Food shall be cooled from 135F to 70F within two hours, and from 70F to 41F within another four hours. If the first benchmark is not met, reheat the food to 165F and begin the cooling process again. If the second benchmark is not met, discard. To facilitate cooling, divide food into shallow containers, nest container in a larger container of ice water, stir, provide vents if covered to allow steam escape, add ice as an ingredient. Please monitor time and temperature of food as it cools.	9/11/18	

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6-202.15A	Holes were observed in the outside perimeter where some utilities entered the building. Please seal all outside holes to reduce pest entry points.	9/25/18	LB
6-202.15A	Daylight was observed around the front entry door. Please seal door to prevent pest entry.	9/25/18	

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