



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

TIME IN	8:18 am	TIME OUT	10:08 am
DATE	April 13, 2017	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: Taco Bell #396		OWNER: K-Mac Enterprises		PERSON IN CHARGE: Jenni Willis	
ADDRESS: 412 North State Street			ESTABLISHMENT NUMBER: 3652		COUNTY: St. Francois
CITY/ZIP: Desloge 63601		PHONE: (573)431-6810		FAX: (573)431-6810	
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 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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input 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 cooling time and temperatures		
<input type="checkbox"/> IN <input 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 type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input 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"/> IN <input 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 checked="" type="checkbox"/> IN <input 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 <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT <input 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 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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>Jenni Willis</i>		Jenni Willis		Date: April 13, 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 4, 2017	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Taco Bell #396		ADDRESS 412 North State Street		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Hot hold cabinet, ambient		160	Hot hold cabinet: ambient, cheese sauce		168, 151
Water, rethermolizer		194, 195	Make table, breakfast side: cut tomatoes, lettuce		36, 37
Lunch make table, bottom, ambient		40	Breakfast side make table, bottom, ambient		40
Easy access freezer, ambient		20	Hot hold make table, breakfast: beans, beef, eggs		146, 168, 174
			Hot hold make table, lunch side: beans, rice, beef		162, 164, 169

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
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3-305.16A	Cut tomatoes were on the lunch side of the cold hold make table. The tomatoes had an internal temperature of 45 to 47F. Potentially hazardous food shall be held at 41F or lower. According to manager, these tomatoes are obtained pre-diced and held in the walk-in cooler until placed in the make table insert. It was discovered the make table was not turned on. CORRECTED ON SITE by placing tomatoes in walk-in cooler (out for less than two hours) and turning on the make table. Final temperature of make table was 32F	COS	
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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
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4-203.12A	The integral digital thermometer for the hot hold cabinet that held tacos was incorrect, reading 168 when the actual temperature was 162. Please install an accurate thermometer in an easy-to-read location inside this hot hold cabinet.	4/15/17	
4-601.11C	Accumulation of debris observed on the racks and bottom of the hot hold cabinet holding cheese sauce. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean inside of cabinet as often as needed to keep clean.	4/15/17	
4-501.11B	The top door on the hot hold cabinet that held beef would not close tightly. Equipment shall be maintained in good repair. NOTE: the manager was aware of the problem and has a work on in for repair.	5/4/17	
4-203.12A	The thermometer on the inside of cold hold make table (bottom) read 35F when the actual temperature was 40F. Please install an accurate thermometer. COS by installing a new thermometer.	COS	
4-601.11C	Accumulation of debris below the steamer oven and rack holding paper bags next to it. Please clean shelf below equipment as often as needed to keep clean.	4/13/17	
6-301.12	There were no disposable towels in the dispenser at the handwashing sink at the drive-up window. Handwashing sinks shall be supplied with towels at all times. NOTE: The facility ran out of paper towels today. Paper napkins were placed at the handwashing sink until paper towels are delivered.	4/14/17	
4-601.11C	Accumulation of debris observed under the registers and their stands at the drive-up window. Please clean shelf and registers as often as needed to keep clean.	4/14/17	
6-501.12A	Accumulation of debris observed around the equipment in the room holding the CO2 canister. Physical facilities shall be cleaned at a frequency to prevent debris accumulation. Please clean floor.	5/4/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:		Jenni Willis	Date:	April 13, 2017
Inspector:		Rose Mier	Telephone No.	EPHS No.
			(573)431-1947	1390
			Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date:	May 4, 2017



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ESTABLISHMENT NAME Taco Bell #396		ADDRESS 412 North State Street		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION Walk-in freezer, ambient		TEMP. in ° F 0	FOOD PRODUCT/ LOCATION Walk-in cooler: ambient, eggs, beef		TEMP. in ° F 38, 37

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

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
4-901.11A	Metal "mixing glasses" were wet nested and stored on the drying rack above the 3-vat sink. Equipment and utensils shall be completely air dried before storing nested. CORRECTED ON SITE by separating to allow air drying.	COS	<i>JW</i>
6-501.12A	Accumulation of debris observed on the floor beneath the cabinet holding the customer self-serve soda dispenser. Please clean floor under dispenser as often as needed to keep clean.	5/4/17	
NOTE	Paper towels were not fed through the opened dispenser at the handwashing sink in the women's bathroom. Paper towels shall be dispensed in a sanitary manner. NOTE: a hand dryer is provided in this bathroom. According to manager, the roll of paper towels will not feed correctly. CORRECTED ON SITE by removing paper towels; a new roll of towels will be placed in the dispenser when the shipment arrives today.	COS	
6-501.12A	Accumulation of debris beneath some of the shelving and around the water heater and softener in the storage area. Please clean beneath and around equipment as often as needed to keep clean.	5/4/17	
5-501.115	Trash was observed in the enclosure around the outside dumpster. Enclosures shall be kept free of litter.	5/4/17	

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