



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

| | | | |
|---------|---------------|----------|---------|
| TIME IN | 12:13 pm | TIME OUT | 3:02 pm |
| DATE | March 5, 2018 | PAGE | 1 of 4 |

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 Pub | OWNER: Linda Rowley | PERSON IN CHARGE: Linda Rowley |
| ADDRESS: 9365 Berry Road | ESTABLISHMENT NUMBER: 1333 | COUNTY: St. Francois |
| CITY/ZIP: Bonne Terre 63628 | PHONE: (573)358-4467 | 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 _____ | | 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 checked="" 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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE | WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled <u>3/6/18</u> Results <u>pending</u> |

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 | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper date marking and disposition | | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | IN OUT N/O <input checked="" type="checkbox"/> | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | IN OUT <input checked="" type="checkbox"/> | 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 checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | | IN OUT N/O <input checked="" type="checkbox"/> | Pasteurized foods used, prohibited foods not offered | | |
| | Approved Source | | | | Chemical | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | IN OUT <input checked="" type="checkbox"/> | Food additives: approved and properly used | | |
| IN OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | IN <input checked="" type="checkbox"/> | Toxic substances properly identified, stored and used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Conformance with Approved Procedures | | |
| IN OUT N/O <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | | | IN OUT <input checked="" type="checkbox"/> | Compliance with approved Specialized Process and HACCP plan | | |
| | Protection from Contamination | | | | | | |
| IN <input checked="" type="checkbox"/> N/A | Food separated and protected | <input checked="" type="checkbox"/> | | | | | |
| IN <input checked="" type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | <input checked="" type="checkbox"/> | | | | | |
| IN OUT <input checked="" type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | |

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

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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Gloves used properly | | <input checked="" type="checkbox"/> |
| <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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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 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 type="checkbox"/> | <input checked="" 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 checked="" 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: <i>Linda Rowley</i> Linda Rowley | Date: March 5, 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: March 19, 2018 |



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

| | | | |
|---|--|----------------------------|---|
| ESTABLISHMENT NAME The Pub | | ADDRESS 9365 Berry Road | CITY /ZIP Bonne Terre 63628 |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION |
| Hamburger, grill | | 209 | Roper refrigerator: ambient, milk, chicken, chili |
| Ambient, Blue Ribbon freezer in kitchen | | 18 | Roper refrigerator: ambient, cooked eggs |
| Ambient, Roper freezer in kitchen | | 10 | Chicken and Fish, deep fryers |
| Ambient, Frigidaire freezer in kitchen | | 0 | Hotpoint freezer, ambient |
| Ambient, Roper freezer in kitchen | | 0 | Hotpoint refrigerator: ambient, cut tomatoes, sauce |

| 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. | | | |
| 4-501.114A | The chlorine concentration in a container of sanitizer was greater than 200 ppm. Chlorine concentration shall be 50 to 100 ppm in sanitizer solutions. Please use sanitizer test strips to ensure chlorine is at the correct concentration. CORRECTED ON SITE by diluting to 100 ppm chlorine. | COS | |
| 3-501.15A | A large pot of chili with hamburger in the Roper refrigerator had an internal temperature of 45F. The container was not labeled with a date of disposition, and there was no cooling log available. Food shall be cooled from 135F to 70F within two hours, and from 70F to 41F within an additional four hours. If the first benchmark is not met, reheat to 165F for 15 seconds and begin the cooling process again. If the second benchmark is not met, discard the food. To facilitate cooling, divide food into shallow containers, nest container in ice bath, allow venting if covered, stir, use an ice paddle, use ice as an ingredient. Please use a log to record the time and temperatures during the cooling process. NOTE: Chili was voluntarily discarded. | 3/5/18 | |
| 3-501.17A, B | Chili, cooked chicken, boiled eggs, and slaw were not labeled with the dates of disposition. According to staff, a log is normally on-site of when foods are prepared. However, the log was not on-site. Please label or log potentially hazardous foods that are ready-to-eat and held for more than 24 hours with a 7-day disposition date (the day of preparation, or opening if commercially sealed, plus an additional six days.) | 3/5/18 | |
| 3-501.16A | Milk inside the Roper refrigerator had an internal temperature of 44F. Potentially hazardous food shall be held at 41F or lower. The milk was stored in the door of the refrigerator, the warmest area inside the cooler. The interior of the cooler had an ambient temperature of 40F. CORRECTED ON SITE by moving milk to the interior of the cooler. | COS | |
| 3-302.11A | Raw fish was stored above potato skins and ravioli in the Frigidaire freezer. Food shall be stored to prevent cross contamination. Please store raw animal-derived foods below all other foods. CORRECTED ON SITE by moving potato skins above the fish | COS | |

| 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. | | | |
| 4-603.16A | KITCHEN According to staff, dishes are manually washed, and then sanitized in the rinse step. All food-contact surfaces shall be washed, rinsed, and sanitized. Do not rinse after sanitizing, and do not add bleach to the rinse water. CORRECTED ON SITE by discussion with staff. | COS | |
| 3-305.11A | Accumulation of frost observed inside the Blue Ribbon freezer. Food shall be protected from contamination while in storage. Please defrost the freezer as often as needed to reduce frost build-up. | 3/19/18 | |
| 4-601.11C | Accumulation of debris observed in the bottom of the Frigidaire freezer that stored fish. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean inside of freezer. | COS | |
| 4-501.11A | A pool of ice was observed in the bottom of the Maytag freezer. Please defrost freezer; repair if needed to prevent water from freezing in the bottom of the freezer. | 3/19/18 | |
| 6-202.11A | One ceiling light fixture lacked the cover over the bulbs. Bulbs shall be shielded or shatter resistant in areas of food preparation. Please use shatter resistant or LED bulbs, or install shields and endcaps over the bulbs, or install a cover over the bulbs. | 3/19/18 | |
| 4-302.14 | Sanitizer test strips were not available upon request. Please provide sanitizer test strips at all times to check the concentration of chlorine in sanitizer solutions. | 3/11/18 | |
| 4-903.11A | Debris observed inside the utensil holder in a drawer by the 4-vat sink. Clean utensils shall be protected while in storage. Please clean the utensil holder as often as needed to keep clean. | 3/5/18 | |
| 3-305.11A | A bag of potatoes was stored on the floor behind the Frigidaire freezer. Food shall be stored a minimum of six inches off the floor. Please elevate potatoes off floor. | 3/5/18 | |

EDUCATION PROVIDED OR COMMENTS

A line through an item on page one indicates the item is not applicable.

| | | |
|-------------------------------|---------------|--|
| Person in Charge / Title: | Linda Rowley | Date: March 5, 2018 |
| Inspector: | Rose Mier | Telephone No. (573)431-1947 |
| | EPHS No. 1390 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Follow-up Date: March 19, 2018 |



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

| | | | |
|--------------------------------------|--|----------------------------|------------------------------------|
| ESTABLISHMENT NAME The Pub | | ADDRESS 9365 Berry Road | CITY /ZIP Bonne Terre 63628 |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION |
| Maytag freezer, ambient | | 10 | Ambient, beer chest coolers in bar |
| Frigidaire freezer, ambient | | 10 | |
| Ambient, Kenmore refrigerator in bar | | 30 | |
| | | | |
| | | | |

| 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 |
|----------------|--|-------------------|---------|
| 3-302.11A | KITCHEN, continued Raw chicken was stored above ready-to-eat food in the Hot Point freezer. Please store raw chicken below all other food to prevent cross contamination should the freezer stop working and the food thaws. CORRECTED ON SITE by moving chicken to lowest shelf | COS | |
| 3-302.11A | Raw hamburger was stored above fries in the door of the Maytag freezer. Please store hamburger below fries. CORRECTED ON SITE by moving fries | COS | |
| 3-501.16A | The ambient temperature of the Hotpoint refrigerator was 47F. The potentially hazardous food held in this cooler were cut lettuce, cut tomatoes, and bacon. These foods had temperatures of 47-48F. Potentially hazardous food shall be held at 41F or lower. Please discard the opened package of cut lettuce and the cut tomatoes. Place the cheeses and unopened packages of lettuce in another refrigerator. NOTE: lettuce and tomatoes were discarded; the cheeses and unopened packages of lettuce were moved to another refrigerator. | 3/19/18 | |
| 3-302.11A | An opened package of ham was stored inside the same zip-lock bag as an opened package of raw bacon. Raw foods shall be stored separately from ready-to eat and fully-cooked foods. Please discard the package of ham. COS by discarding ham and bacon | COS | |
| 3-304.15A | Cook was observed picking up raw hamburger patty with gloved hands, then putting away clean dishes without first removing gloves and washing hands. COS by discussion with cook and rewashing dishes | COS | |
| 7-202.12A | UPSTAIRS STORAGE A can of Raid Ant and Roach insecticide was stored on the shelf. This insecticide is not approved for use in a food establishment. Please remove the insecticide and use only those insecticides that are labeled for use in a food establishment. | 3/5/18 | |

| 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 |
|----------------|--|-------------------|---------|
| 5-205.15B | BATHROOM The women's bathroom was closed due to a clogged drain. A commercial snake was rented and the drain will be snaked. All other drains appear to be draining correctly. All staff are using the men's bathroom. Plumbing shall be maintained in good repair. Please install a lidded trash can in the men's bathroom until the women's bathroom is in use. | 3/6/18 | |
| 6-301.12 | BAR The paper towels at the handwashing sink were not in a dispenser. Paper towels shall be dispensed in a sanitary manner. Please provide towels in a dispenser. | 3/19/18 | |
| 4-302.14 | Sanitizer test strips were not available upon request. Please provide test kits to check the concentration of chlorine in sanitizer solutions. | 3/11/18 | |
| 6-202.15A | Daylight was observed beneath the outside entry door. Outside openings shall be sealed to prevent pest entry. Please seal bottom of door. | 3/19/18 | |

EDUCATION PROVIDED OR COMMENTS

| | | |
|--|---------------------------------|--------------------------------|
| Person in Charge / Title: Linda Rowley | | Date: March 5, 2018 |
| Inspector: Rose Mier | Telephone No. (573)-431-1947 | EPHS No. 1390 |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Follow-up Date: March 19, 2018 |



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

| | | |
|-------------------------------|----------------------------|--------------------------------|
| ESTABLISHMENT NAME The Pub | ADDRESS 9365 Berry Road | CITY /ZIP Bonne Terre 63628 |
|-------------------------------|----------------------------|--------------------------------|

| 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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
|----------------|--|-------------------|---------|

| | | | |
|------------|---|---------|----|
| 6-501.111 | BAR Rodent feces observed in the cabinet below the cash register. Facility shall be free of rodents and other pests. Please remove all traces of rodents and monitor facility for return. If rodents or feces are seen, begin an approved method of pest control. | 3/19/18 | JR |
| 4-501.114A | Low-splash bleach is used for sanitizing. This bleach is not approved for use as a sanitizer. Please use regular, unscented bleach for sanitizing. Prepare by mixing approximately 1/2 to 1 teaspoon of bleach in each gallon of water to obtain a chlorine concentration of 50 to 100 ppm. Use test strips to check concentration. | 3/6/18 | |
| NOTE | The chlorine level in the drinking water will be checked prior to drawing a sample for bacteriological testing, to be obtained on March 6. The OWTS, well and chlorinator pump were checked during this visit and appeared to be functioning correctly. | | |

| 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 |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

| | | | |
|-----------|---|---------|--|
| 5-501.114 | There was no plug in the drain of the outside trash dumpster. Please request the trash company to install a drain plug. | 3/19/18 | |
|-----------|---|---------|--|

EDUCATION PROVIDED OR COMMENTS

| | |
|--|---|
| Person in Charge /Title <i>Linda Rowley</i> Linda Rowley | Date: March 5, 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: March 19, 2018 |