



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

TIME IN	10:29 am	TIME OUT	1:27 pm
DATE	Nov. 19, 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: Dairy Queen	OWNER: H and J Frozen Assets (John and Stephanie Owings)	PERSON IN CHARGE: Stephanie Owings
ADDRESS: 1006 Highway K	ESTABLISHMENT NUMBER: 0181	COUNTY: St. Francois
CITY/ZIP: Bonne Terre 63628	PHONE: 573.358.4200	FAX: none
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		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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 checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-16797, exp. 6/30/2019	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		
	<b>Employee Health</b>			<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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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		
	<b>Good Hygienic Practices</b>			<input type="checkbox"/> IN <input type="checkbox"/> 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			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O 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			<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)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> OUT 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 N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				<b>Highly Susceptible Populations</b>		
<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		
	<b>Approved Source</b>				<b>Chemical</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	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"/>
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<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		
	<b>Protection from Contamination</b>						
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<input type="checkbox"/> IN <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						

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 type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input type="checkbox"/>	<input checked="" 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		
		<b>Food Temperature Control</b>			<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					<b>Utensils, Equipment and Vending</b>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		<b>Food Identification</b>			<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		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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 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>Stephanie Owings</i> Stephanie Owings	Date: November 19, 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: _____



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

ESTABLISHMENT NAME Dairy Queen		ADDRESS 1006 Highway K		CITY /ZIP Bonne Terre 63628		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Ambient, retail freezer		0	Ice Cream Freezer, ambient, vanilla, chocolate mix		40, 40, 41	
Beverage Air Cooler: ambient, milk		40, 37	Shake freezer: ambient, vanilla mix		37, 40	
Beverage Air Dessert Freezer, ambient		18	Broiler freezer/cook line: ambient		0	
Ambient: toppings freezer/drive up area		0	Fryer freezer/cook line: ambient		10	
Dessert Prep Cooler, ambient		36	Beverage Air cooler/cookline: ambient, cooked chicken		38, 35	
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
3-501.16A		KITCHEN Pulled pork, held in the Beverage Air cooler in the cook line, had a temperature of 44F. Potentially hazardous food shall be held cold at 41F or lower. NOTE: according to manager, the pork was out of the cooler for a short time while preparing sandwiches. CORRECTED ON SITE by placing in walk-in cooler.			COS	SD
3-501.16A		Cut lettuce, held on an ice bath, had a temperature of 43F. Cut lettuce is a potentially hazardous food and shall be held at 41F or lower. NOTE: ice was added so it came up around the sides of the pan. Final temperature of the lettuce ranged from 39F in the bottom to 48F at the top. CORRECTED ON SITE by not placing as much lettuce in the container.			COS	
3-501.17B		Opened chili, held in the Beverage Air cooler, was not labeled with the date of disposition. Potentially hazardous food that is held for more than 24 hours shall be labeled with the date of disposition, which is the day of opening or preparing plus an additional six days. CORRECTED ON SITE by labeling chili.			COS	
3-501.16A		The ambient temperature of the Beverage Air cooler, located next to the deep fryers (south end of cook line), had an ambient temperature of 48F; the food inside the cooler ranged in temperature from 41 to 44F. Food shall be held at 41F or lower. NOTE: Food was moved to a different cooler during this inspection and a service person was called for repair. Please do not store potentially hazardous food in this cooler until it reliably holds at 41F or lower.			11/20/18	
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
4-601.11C		DINING AREA Debris and soda syrup observed in the cabinets below the customer self-serve soda dispenser. Non-food contact equipment shall be cleaned at a frequency to prevent debris. Please clean the two cabinets below the soda dispenser.			11/26/18	SD
4-204.112B		SERVICE COUNTER/DRIVE UP AREAS Thermometers were not found in the shake machine (bottom cooler), or in the ice cream maker (bottom cooler). Please install accurate thermometers in each of these coolers. COS by installing thermometers			COS	
4-601.11C		Debris and possibly mold was observed on the door seal creases of the dessert prep cooler and in the Beverage Air dessert freezer (both located in the service counter line). Please wash, rinse, and use sanitizer to reduce mold growth on the door seals.			11/26/18	
4-601.11C		Debris observed on the top of the door of the cabinet, located below the Blizzard mixer in the service counter line.			11/26/18	
4-601.11C		Debris observed in the freezer below the toppings counter in the drive-up area. Please clean freezer as often as needed to keep clean.			11/26/18	
EDUCATION PROVIDED OR COMMENTS						
Person in Charge / Title <i>Stephanie Owings</i> Stephanie Owings				Date: November 19, 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:		



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

ESTABLISHMENT NAME Dairy Queen		ADDRESS 1006 Highway K	CITY /ZIP Bonne Terre 63628
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Metal Frio freezer/cookline: ambient		2	Beverage Air cooler/cookline: ambient, hot dogs
Burger/broiler		176	Beverage Air cooler/cookline: pulled pork
Hot hold: burger, white gravy		169, 172	Cold hold/prep area: cut tomatoes, cut lettuce
Walk-in freezer, ambient		0	Walk-in cooler: ambient, soft serve mix, sliced cheese
Queso cheese in dispenser		160	

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
4-601.11A	<b>CAKE DECORATING AREA</b> The coffee carafes and coffee maker were observed dirty. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize carafes at least daily, and clean the coffee maker as often as needed to keep clean.	11-19-18	JKO
4-601.11A	The design projector and the metal design scraper were observed with debris on them. Please clean the projector after use to prevent debris from falling onto food, and clean and sanitize the scraper utensil after use.	11-19-18	
7-102.11	<b>STORAGE/WAREWASHING AREAS</b> A spray bottle containing an orange-brown liquid that was stored on the chemical rack was not labeled. Working containers holding chemicals shall be labeled with the common name of the contents. Please label bottle. CORRECTED ON SITE by discarding liquid	COS	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
4-601.11C	<b>KITCHEN AREA</b> Accumulation of debris observed on the ledges/door glides of the broiler meat freezer. Please clean as often as needed to keep clean.	11/26/18	JKO
4-601.11C	<b>CAKE DECORATING AREA</b> Dried icing and other food debris observed on the hand-held dryer. Please clean as often as needed to prevent contamination of hands when in use.	11/19/18	
3-304.12B	A single-use lid was stored inside a bulk container of chocolate crumbles. In-use utensils shall be multi-use and have a handle that is stored above the surface of the food in non-potentially hazardous food. Please discard lid and use a handled scoop inside this container.	11/19/18	
6-501.18	<b>WAREWASHING/STORAGE AREAS</b> Accumulation of grease observed on the faucet and handle area of the mop sink. Plumbing fixtures shall be kept clean. Please clean faucet and handles as often as needed to keep clean.	11/26/18	
6-501.14A	<b>BATHROOMS</b> Accumulation of dust on the cover over the mechanical exhaust fan in the men's bathroom. Ventilation systems shall not be a source of contamination. Please clean fan cover.	11/26/18	

EDUCATION PROVIDED OR COMMENTS

Person in Charge/Title: <i>Stephanie Owings</i> Stephanie Owings	Date: November 19, 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: