



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

TIME IN	11:56 am	TIME OUT	1:30 pm
DATE	June 25, 2018	PAGE	1 of 2

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 Snack Bar	OWNER: Goose Creek Lake Trustees	PERSON IN CHARGE: Mary Wartenbe
ADDRESS: 9122 Beach Drive	ESTABLISHMENT NUMBER: 4698	COUNTY: St. Francois
CITY/ZIP: French Village 63036	PHONE: 573.358.3133 (Trustees)	FAX: 573.358.7834
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 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>6/25/2018</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"/> <b>OUT</b>	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"/> <b>OUT</b>	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"/> <b>OUT</b>	Proper use of reporting, restriction and exclusion			<input 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"/> <b>OUT</b> <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input 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"/> <b>OUT</b> <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		<input checked="" type="checkbox"/>
	<b>Preventing Contamination by Hands</b>						
<input checked="" type="checkbox"/> <b>OUT</b> <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"/> <b>OUT</b> <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 checked="" type="checkbox"/> <b>OUT</b>	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	<b>Consumer Advisory</b>		
	<b>Approved Source</b>				Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> <b>OUT</b>	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Highly Susceptible Populations</b>		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> <b>VC</b> <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input type="checkbox"/> <b>VC</b>	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> <b>OUT</b>	Food in good condition, safe and unadulterated				<b>Chemical</b>		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> <b>VC</b>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
	<b>Protection from Contamination</b>				Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> <b>VC</b>	Food separated and protected				<b>Conformance with Approved Procedures</b>		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized				Compliance with approved Specialized Process and HACCP plan		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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		
		<b>Food Temperature Control</b>				<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used		<input checked="" type="checkbox"/>
<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 type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		<b>Food Identification</b>				<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
					<input checked="" type="checkbox"/>	<input 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>Mary Wartenbe</i> Mary Wartenbe	Date: June 25, 2018
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947    EPHS No. 1390
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date:



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ESTABLISHMENT NAME The Snack Bar		ADDRESS 9122 Beach Drive		CITY /ZIP French Village 63036	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Magic Chef freezer, ambient		4	Hot dog on roller		185
Kenmore deep freezer, ambient		0	Nacho cheese in dispenser		153
Chili, hot hold steam unit		147	True glass-front cooler: ambient, hot dog, relish		41, 44, 42

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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NOTES	A water sample for bacteriological testing was collected during this visit. The on-site wastewater treatment system was observed and appeared to be functioning correctly.		
4-601.11A	Dried food debris was observed on the inside top of the three microwave ovens.. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize microwaves a minimum of every four hours, more often if needed to keep clean. CORRECTED ON SITE by cleaning microwaves	COS	
7-201.11B	Chlorox disinfecting wipes were stored above and with single-use items on the shelf below the microwave ovens. Toxic items shall be stored separately or below food, single-use items, clean linens, and clean equipment and utensils. CORRECTED ON SITE by moving wipes to chemical shelf.	COS	
4-501.114A	Scented, pourable bleach was in use to prepare sanitizer solution. Bleach used to prepare sanitizers shall be regular, unscented bleach. Please obtain regular, unscented bleach and ensure all staff know how to prepare sanitizer solutions. NOTE: this bleach may be used to sanitize or disinfect non-food contact surfaces; please store or label it to prevent its use on food-contact surfaces. COS by providing regular bleach	COS	
7-201.11B	Two gallons of paint were stored above single-use cups and napkins in a base cabinet. Single-use items shall be protected while in storage, and chemicals stored separately or below single-use items. NOTE: if paint is no longer needed inside this facility, please remove. CORRECTED ON SITE by moving cups and napkins to shelf.	COS	
3-501.16A	Hot dogs inside the glass-front cooler had an internal temperature of 44F and relish (which was in the unit over night) had a temperature of 42F. Food shall be held at 41F or lower. CORRECTED ON SITE by adjusting thermostat. Final ambient temperature of the unit was 40F.	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
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4-302.14	There were no test strips available to check the concentration of chlorine in sanitizer solutions. Test strips shall be provided to ensure the chlorine concentration is between 50 and 100 ppm in sanitizer solutions. Prepare sanitizer solutions by mixing approximately 1/2 to 1 teaspoon of regular, unscented bleach in each gallon of water.	6/30/18	
3-307.11	A container of employee food was stored above and with facility food. Please store employee food on the lowest shelf in a designated area or tub to protect facility food from contamination. CORRECTED ON SITE by moving food to lowest shelf.	COS	
5-501.17	One stall in the women's bathroom lacked a trash can, and the other two stalls had trash cans that lacked lids. Bathrooms used by women shall have lidded trash cans. Please provide lidded trash cans in the women's bathroom stalls.	6/30/18	
4-203.11B	One thermometer in the glass-front cooler read 48F when the actual temperature was 42F. Thermometers shall be accurate to within two degrees Fahrenheit. Please replace with an accurate thermometer that is placed in a convenient-to-read location in the front of the cooler.	6/30/18	

EDUCATION PROVIDED OR COMMENTS

Discussion on in-use utensils (hot dog tongs) shall be washed, rinsed, and sanitized at least every four hours or replaced with clean tongs.

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Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947
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		Follow-up Date: