



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

TIME IN	12:12pm	TIME OUT	3:15pm
DATE	12-5-18	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 Pub	OWNER: Linda Rowley	PERSON IN CHARGE: Linda Rowley
ADDRESS: 9365 Berry Road	ESTABLISHMENT NUMBER: 1333	COUNTY: 187
CITY/ZIP: Bonne Terre, 63628	PHONE: 573-358-4467	FAX: na
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 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 at f/U _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
<b>Employee Health</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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 type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition		<input checked="" type="checkbox"/>
<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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<b>Preventing Contamination by Hands</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Consumer Advisory</b>		
<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				<b>Highly Susceptible Populations</b>		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		<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>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<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 type="checkbox"/> IN <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>				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 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 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"/>	<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 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 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>Linda Rowley</i> Linda Rowley	Date: December 5, 2018
Inspector: <i>John Wiseman</i> John Wiseman	Telephone No. (573)431-1947
EPHS No. 1507	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Date: 12-19-18	



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
Maytag freezer	0	Frigidaire freezer	10
Magic Chef freezer	0	Gibson freezer	0
Hot Point R/F	34, 0	Beer cooler #1 & #2	24, 34
Roper R/F #1	34, 10	Condiment cooler	40
Roper R/F #2	32, 0		

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.**

7-102.11	A spray bottle of bleach was not labeled in the cabinet above the hand wash sink in the kitchen. Working containers of toxic materials shall be labeled with the common name of the material. COS by labeling.	COS	
3-302.11A	Raw chicken was stored above raw beef in the Hotpoint freezer in the kitchen. Food shall be protected from cross contamination by storing raw animal foods away from and below ready to eat foods. COS by rearranging the foods.	COS	
3-501.17A	Discard dates were not observed on containers of cut lettuce, cheese sauce and sliced ham stored in the Roper refrigerator #1. Potentially hazardous food held refrigerated shall be marked with a discard date that is not greater than six days from the date of preparation or opening. COS by labeling the food with discard dates.	COS	
3-501.17A	Discard dates were not observed on a pot of chili stored in the Roper refrigerator #2. Potentially hazardous food held refrigerated shall be marked with a discard date that is not greater than six days from the date of preparation or opening. COS by labeling the food with a discard date.	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.**

5-205.11A	Access to the kitchen hand wash sink was blocked by a table. Hand wash sinks shall be conveniently accessible at all times. COS by moving the table.	COS	
6-501.12A	A basin of dirty water was observed below drain plumbing at the three compartment sink in the kitchen. According to the owner, the indirect drain over flows when too much water is released into the sink basins. Physical facilities shall be cleaned as often as necessary to keep them clean. Please remove the basin of water and control the release of water to prevent overflow.	12-19-18	
4-601.11C	Food residue and debris was observed on most of the cabinet and drawer fronts in the kitchen. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please thoroughly clean cabinets, drawers, and counters in the kitchen.	COS	
4-601.11C	Sugar was observed spilled in the cabinets below the dish drainer in the kitchen. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. COS by cleaning.	COS	
4-203.12B	The refrigerator thermometers in the Frigidaire freezer and in the Roper cooler were inaccurate. Ambient temperature thermometers in cooling units shall be accurate to within three degrees F. COS by replacing the thermometers.	COS	
4-601.11C	An accumulation of food debris was observed inside the Roper refrigerator in the kitchen. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. COS by cleaning.	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge Title: 	Linda Rowley	Date: December 5, 2018
Inspector: 	John Wiseman	Telephone No. (573)431-1947
	EPHS No. 1507	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: 12-19-18



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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
5-102.16 6-501.111	<p>This facility is served by a private well which is equipped with a chlorinator. Residual chlorine was not detected in the facility water when tested at the kitchen sink. Inspection of the outside shed housing the chlorinator reservoir and pump revealed that the pump, when actuated, did not dispense a visible dose of chlorine into the facility water. The shed is excessively dirty with a large amount of rodent droppings within and a great deal of shredded insulation, presumably nesting material. Holes were observed in the interior walls. Portions of the interior of the shed were wet. The chlorinator disinfection system must be set and maintained to supply chlorine concentration between 0.5 and 4.0 ppm available chlorine. Furthermore, this shed must be effectively protected from infestation by rodents, insects and other pest. Immediately address the malfunctioning water disinfection system and take necessary action to protect the shed against the entry of vermin. The shed must be thoroughly cleaned and disinfected and all holes sealed. An over growth of vegetation was observed around the shed. Please remove all herbaceous and woody growth around the shed to a distance of six feet.</p> <p>Private water supplies required to have continuous disinfection shall be tested weekly by the operator for required chlorine concentrations. The results shall be maintained in a log which is available for review by the regulatory authority. When the disinfection system is repaired, establish a log in which is recorded weekly tests of the water chlorine concentration.</p>	12-19-18	
5-102.13B			

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
6-202.15A	The self closing device on the outside entry door in the kitchen is broken. Outer openings of a food establishment shall be protected from pest entry by solid, self-closing doors. Please repair the closing device of the door.	12-19-18	
5-501.16C	A trash can for paper towels was not present in the men's restroom. A waste can shall be present at hand wash sinks for soiled single use paper towels. COS by providing a trash can.	COS	
4-601.11C	An accumulation of dust and debris is on most surfaces in the bar area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please thoroughly clean the bar area.	12-19-18	
5-501.113	<p>The facility dumpster lids were open and there is not plug in the drain hole. Please keep the dumpster lids closed to discourage access by birds, rodents and vermin. Please install a plug in the drain hole.</p> <p>Note: A water sample for bacterial analysis and nitrates was not collected at the time of this inspection. The water samples will be collected after the disinfection system has been repaired.</p>	12-19-18	
5-501.114			

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Linda Rowley Date: December 5, 2018

Inspector: John Wiseman Telephone No. (573)-431-1947 EPHS No. 1507 Follow-up:  Yes  No Follow-up Date: 12-19-18