



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

TIME IN	5:05 PM	TIME OUT	8:28 AM
DATE	7/31/19	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: Nelson's Music City	OWNER: Barb Nelson	PERSON IN CHARGE: Barb Nelson
ADDRESS: 655 Canterbury Road	ESTABLISHMENT NUMBER: 4409	COUNTY: 187
CITY/ZIP: Knob Lick, 63651	PHONE: 573-756-1888	FAX: NA
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD		P.H. PRIORITY : <input type="checkbox"/> H <input checked="" 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 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 checked="" type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled <u>TBD</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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <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"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" 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 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"/> 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 type="checkbox"/> IN <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 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"/> OUT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <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						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected	✓					
<input type="checkbox"/> IN <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						

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		
		Food Temperature Control				<input checked="" 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				<input checked="" type="checkbox"/>	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				<input checked="" type="checkbox"/>	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 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 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>Barb Nelson</i> Barb Nelson	Date: July 31, 2019
Inspector: <i>Daniel Huff</i> Daniel Huff	Telephone No. (573) 431-1947
EPHS No. 1645	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 8/14/19



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ESTABLISHMENT NAME Nelson's Music City		ADDRESS 655 Canterbury Road		CITY /ZIP Knob Lick, 63651	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Burger from Grill		177	Whirlpool Refrigerator/Freezer #1: Amb		32/8
Bratwurst from Boiling Water		172	Whirlpool Refrigerator/Freezer #2: Amb		38/0
Danby Chest Freezer: Ambient		<0	Nacho Cheese from Dispenser		141

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.			
6-501.111	Mouse droppings were observed at several locations in the kitchen (under and behind equipment, on shelves where food and clean equipment was stored, on salt and pepper shakers and clean equipment. Mouse droppings were also observed in the dry storage. Spiders and insects were also observed in the kitchen and storage room. The presence of insects shall be controlled to minimize their presence on the premises. Several snap type-mouse traps were observed around the facility. Please remove all evidence of rodents, spiders, and insects from the facility and increase abatement efforts. If you are unable to control the pest population in the facility then please begin using a professional pest control service. NOTE: The salt and pepper shakers with mouse feces on them as well as some plastic containers were voluntarily discarded.	8/7/19	
4-601.11A	Residue and debris was observed on clean equipment on storage shelves and drawers. Food contact surfaces shall be clean to sight and touch. According to the owner, some of the equipment is no longer used in the facility. Please inspect all food equipment stored in the facility and wash, rinse, and sanitize any soiled items. It is recommended to remove equipment that is no longer used for facility foods.	8/7/19	
3-302.11A	Raw hamburgers were stored above cooked bratwurst in the Danby chest freezer. Raw animal derived foods shall be stored separately or below ready-to-eat/fully cooked food. CORRECTED ON SITE by rearranging.	COS	
3-301.11B	The cook was observed obtaining a bun from the package with bare hands. Bare hands shall not be used to touch ready-to-eat foods (those requiring no further cooking). Please use single-use gloves when touching ready-to-eat foods. CORRECTED ON SITE by discussion with the cook and using gloves correctly.	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.			
3-305.11A	Residue and debris was observed on food containers on storage shelves in the kitchen. Food shall be stored where it is protected from contamination. Please discard containers	8/7/19	
4-502.13A	Several single-use aluminum and plastic containers were observed in the kitchen. Single-service and single-use items may not be reused. According to the owner the containers are not used for facility food. Please remove the used single-use containers from the facility.	8/14/19	
4-204.112	No thermometer was provided in the Danby chest freezer. Mechanical refrigeration units shall be equipped with an accurate thermometer to measure the ambient temperature inside the unit. Please provide a thermometer inside the freezer.	8/14/19	
4-203.12B	The thermometer in the left-hand Whirlpool refrigerator (#1) read 20F when the actual temperature was 32F. Thermometers used to measure the ambient temperature inside a refrigeration unit shall be accurate within +/- 3F. Please replace the thermometer in the refrigerator.	8/14/19	
4-601.11C	Residue and spider webs were observed on the soda dispensing machine housing behind the dispensing nozzles. Non-food contact surfaces shall be free of residue and debris accumulations. Please clean the soda machine.	8/7/19	
3-306.12A	Condiments were provided for customer self-service in an uncovered container. Please provide a protection for condiments by keeping the container covered. CORRECTED ON SITE by covering the container with a lid.	COS	

EDUCATION PROVIDED OR COMMENTS

A line through an item on page 1 of this report indicates the item was either not observed or not applicable.

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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
3-501.17 3-501.18	According to the owner, the nacho cheese in the dispenser is cooled after weekly use and stored in the refrigerator for 2 to 3 weeks before the container is consumed. Potentially hazardous foods shall be labeled with a 7-day discard date after opening. The list of exceptions in the Missouri Food Code for the 7-day discard date requirement does not include an exception for nacho cheese sauce. Please contact your supplier for documentation indicating that challenge studies have been conducted for the product to verify it can be held cold for more than 7-days after opening. If no such information is available then the cheese sauce shall be consumed or discarded by the seventh day including the date of opening.	8/7/19	BN
5-102.11B	This facility is served by a chlorinated, non-community public well. No chlorine was detected in water from faucets at the facility. The chlorination system shall be maintained so that the free chlorine concentration in the water is between 0.5 parts per million (ppm) and 4 ppm. Please have the system repaired to provide chlorine in the water within the required range. NOTE: The owner called her service provider for the chlorination system and they said they would be on site tomorrow morning to repair the system.	8/1/19	
4-601.11A	Mold and residue was observed on the deflector inside the ice machine. Food contact surfaces shall be clean to sight and touch. Please discard the ice from the machine and wash, rinse, and sanitize the inside surfaces.	8/7/19	
5-403.11	One of the cleanout pipes at the septic tank for the facility is broken off where it extends above the ground. The On-site wastewater treatment system shall be maintained in good condition. Please repair the broken pipe. NOTE: According to the owner an employee illness policy is maintained for all employees but it is not available at the facility. Please provide a copy of the file for review at the follow up inspection.	8/14/19	

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5-102.13	According to the owner, the chlorinated water supply is not tested weekly to verify the correct free chlorine concentration (0.5 to 4 ppm). The system shall be tested weekly and results shall be maintained in a log that is available for review. NOTE: The well and well house were observed and they appeared clean and in good condition. NOTE: The facility lagoon was observed. The lagoon berm, enclosure, and surrounding area is mowed and free of large woody growth. The fence and gate are in good condition and the gate is closed with a "keep out" sign in place.	8/1/19	BN

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