



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

TIME IN	12:50pm	TIME OUT	3:30pm
DATE	9-10-19	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: Hub's Pub	OWNER: Brandon Hubbard	PERSON IN CHARGE: Amy Bergner
ADDRESS: 10 North Dover Street	ESTABLISHMENT NUMBER: 4407	COUNTY: 187
CITY/ZIP: Bonne Terre, 63628	PHONE: 573-358-9098	FAX: 573-358-0697
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 checked="" type="checkbox"/> H <input 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		
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	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 <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> N/O <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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				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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<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 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"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input type="checkbox"/>	<input checked="" 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					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 type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title 	Amy Bergner	Date:	September 10, 2019
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:	9-24-19



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

ESTABLISHMENT NAME Hub's Pub		ADDRESS 10 North Dover Street	CITY /ZIP Bonne Terre, 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Hot hold: pork, cheese sauce, beans		152, 153, 156	Fryer freezer	
Cold table: amb, diced chicken, pickles(nonPHF), cooked shrimp		58, 55 55, 50	Walk-in cooler: amb, baked potato, raw fish, cooked chicken	
2-Door cooler: amb, cooked chicken ham, raw beef		40, 47 43, 46	Walk-in freezer Cooling wings in freezer	
			22 38, 41 37, 41 22 125 adj 62	

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

3-501.16B	The ambient temperature of the kitchen cold table was 58F. Food temperatures in this unit were: diced chicken=55F, cooked shrimp=50, pickle spears(nonPHF)=50F. Potentially hazardous foods held refrigerated shall be held at 41F or less. Until this unit has been repaired and demonstrated to hold foods at 41F or less, discontinue it's use for potentially hazardous foods.	9-24-19	
2-401.11	An employee beverage was observed on the prep table near hot holding. Employee beverages shall be stored where contamination of food, equipment and single use items cannot occur. Please store employee beverages below prep surfaces.	9-10-19	
4-501.114 A	Chlorine was not detected in the rinse cycle of the kitchen dishwasher. Chlorine sanitizers shall be in the range of 50-100 ppm. Until the dishwasher has been repaired, discontinue it's use and use the three compartment sink for dishwashing.	9-24-19	
4-501.114 C	Quaternary ammonia solution in the three compartment sink was measured at less than 100ppm. The product manufacturer indicates that the product must be at 200-400 ppm for sanitizing food contact surfaces. COS by remaking the sanitizer. Replace sanitizer solutions every two hours.	COS	
5-203.14B	A hose is connected to a spigot beside the hand wash sink in the kitchen without backflow protection. A plumbing system shall be installed to preclude backflow of a solid, liquid or gas into the water supply system. Please install an ASSE rated hose bibb vacuum breaker between the spigot and the hose.	9-24-19	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

4-203.12B	The thermometer present in the two-door prep cooler was an oven-type thermometer that has a beginning range of 100F. Ambient thermometers shall be in the operational range of the refrigerator and be accurate to within three degrees F. Please place an appropriate thermometer in the cooler.	9-24-19	
3-501.11	A container of ice cream and a case of hamburger buns were stored on the floor in the walk-in freezer. Food shall be protected from contamination by storing it at least six inches off of the floor.	9-10-19	
3-501.11	Ice was observed dripping from the cooling unit in the walk-in freezer above stored food. Food shall be protected from sources of contamination. Please place a tray below the drip.	9-10-19	
3-501.11	An unlabeled container of sugar was observed in the wait station cabinet. Food that is not in it's original packaging and which cannot be readily identifiable shall be labeled with the common name of the food. COS by labeling.	COS	
4-203.11B	Two food thermometers in use in the kitchen were not full range devices; being scaled from 50-550F. Food thermometers shall have a full operational range of 0-220F in two degree increments and be capable of being accurately calibrated. An accurate digital thermometer is acceptable.	9-24-19	

EDUCATION PROVIDED OR COMMENTS

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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Walk-in freezer	22		
True cooler in east bar	22		
Bar: walk-in, mini cooler	40, 40		
Burger from grill	189		

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

4-501.114 C	The quaternary ammonia in sanitizer buckets in the kitchen were measured at less than 100 ppm. The product manufacturer indicates that the product must be at 200-400 ppm for sanitizing food contact surfaces. Replace sanitizer solutions every two hours.	9-10-19	
7-201.11B	The sanitizer bucket was stored on the prep surface in the kitchen prep area. Toxic materials shall be stored so they cannot contaminate food, equipment and single use items. It is recommended that sanitizer bucket be stored on crates.	9-10-19	
3-501.14A	A container full of chicken wings were observed cooling in the walk-in freezer. The temperature of the wings was measured at 125F at 1:55pm. Potentially hazardous food shall be cooled from 135F to 70F within two hours and from 70F to 41F within an additional four hours. This issue was discussed with the manager. The wings were spread onto two sheet pans and placed back in the freezer. The temperature of the wings was measured at 62F at 2:27pm. Please actively cool potentially hazardous foods.	COS	
4-601.11A	An accumulation of mold was observed on the nozzle housing of the soda fountain at the wait station. Food contact surfaces shall be clean to sight and touch. Please clean this area.	9-10-19	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

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