



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

TIME IN	11:02am	TIME OUT	2:00pm
DATE	6/5/2020	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: Burger King #11043		OWNER: Drury Restaurants		PERSON IN CHARGE: Michele Vent / Facility Mngr.	
ADDRESS: 408 North State Street			ESTABLISHMENT NUMBER: 0262		COUNTY: St. Francois
CITY/ZIP: Desloge, 63601		PHONE: 573-431-6083		FAX: 573-431-5463	
PURPOSE: <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
ESTABLISHMENT TYPE <input checked="" 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					
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-10485, exp-7/31/2020		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 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 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 checked="" type="checkbox"/> OUT <input 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 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				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 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				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 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						

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 checked="" 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 type="checkbox"/>	<input checked="" 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 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					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input 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					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 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 type="checkbox"/>	<input checked="" 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>Michele Vent</i> Michele Vent / Facility Mngr.		Date: 6/5/2020	
Inspector: <i>Nicholas Joggerst</i> Nicholas Joggerst	Telephone No. (573)431-1947	EPHS No. 1687	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:			

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ESTABLISHMENT NAME Burger King #11043		ADDRESS 408 North State Street		CITY / ZIP Desloge, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Under-counter fridge/service line		37	Walk-in cooler		38
Meat well chest freezer		19	Soft serve hoppers vanilla, Vanilla shake		38, 37
True fridge by walk-ins		38	burger (broiler)		163
Walk-in freezer ambient		1	Hot Hold (burgers)		143, 149
Fryer freezer ambient		15(top) 19bottom	Chicken (hot hold)		157, 167

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.**

4-601.11A	Food splatters were observed on the soda machine and ice machine in the second drive through window. Food-contact surface shall be clean to sight and touch. Please discard of any ice in the machine and wash, rinse, sanitize, and allow to air dry.	COS	JN
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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.**

6-202.15A3	Upon arrival the back door was propped open. Outer openings shall be protected against the entry of insects and rodents by having tight fitting, solid, and self closing doors. COS by allowing door to close.	COS	hV
4-601.11C	Debris was observed in the door seals of the under-counter service fridge, the fryer freezer, and the meat well freezer. Non food-contact surfaces shall be kept free of an accumulation of dirt and food residue. Please clean these door seals at a frequency to prevent an accumulation of debris in the seals and freezer.	6/11/20	
6-501.12A	Debris observed on the floor beneath the serving counter, prep counter, the 3-vat near the drain, the register in the first serving drive-through bay, and in the back storage area. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the floors under equipment at a frequency to prevent an accumulation.	COS	
4-901.11A	Items were observed wet nested in the 3-vat area on a cart and above vegetable wash station area. After cleaning and sanitizing, equipment shall be air dried. COS by discussion and sending back for wash, rinse, sanitize, and proper air drying.	COS	
4-601.11C	Debris was observed on the floor of the walk-in freezer. Non food-contact surfaces shall be kept free of an accumulation of dirt and food residue. Please clean the freezer to prevent an accumulation of debris on the floor and other surfaces of equipment.	COS	
3-305.11A	Employee beverages were stored on soda bag-in box cases near the vegetable wash station. Food shall be protected from contamination by storing food where it is not exposed to miscellaneous sources of contamination. COS by moving employee beverages.	COS	

EDUCATION PROVIDED OR COMMENTS

A line through an item on page 1 means not observed or not applicable.

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Inspector: <i>Nicholas Joggerst</i>	Nicholas Joggerst	Telephone No. (573)431-1947
	EPHS No. 1687	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:



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ESTABLISHMENT NAME Burger King #11043	ADDRESS 408 North State Street	CITY/ZIP Desloge, 63601
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Hot hold: spicy chicken	167-177		

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

4-601.11C	Debris was observed on cooking surfaces of Hobart oven. Non food-contact surfaces shall be kept free of an accumulation of dirt and food residue. Please clean the oven to prevent an accumulation of debris on the oven surfaces and possible contamination of food.	6/19/20	on/1
6-501.111 B,C	Rodent feces were observed in extra dry storage in outside shed. The presence of pests shall be controlled to minimize their presence by routinely inspecting the premises, and using methods if evidence of pests are found, such as trapping devices. Please remove evidence of pests and monitor for new evidence, and if new evidence arises use approved pest control.	6/11/20	
6-501.11	The table in the second drive up window was pitted with holes and uncleanable in places. Physical facilities shall be maintained in good repair. Please replace or repair the surface of the table so it is smooth, durable, and non-absorbent.	6/19/20	
5-501.116B	Trash receptacles (buckets) in the prep and kitchen area were observed to be soiled on the outsides. Waste receptacles shall be thoroughly cleaned at a frequency to prevent them from developing a build-up of soil residue. Please clean the the trash receptacles when emptied.	6-6-2020	

EDUCATION PROVIDED OR COMMENTS

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	EPHS No. 1687	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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