



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

|                |                 |
|----------------|-----------------|
| TIME IN 8:40am | TIME OUT 9:30am |
| DATE 3/8/2021  | 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:<br>Concessionaire Extraordinaire (commisary)                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | OWNER:<br>David Marler                                                                                                                                                                                                                                                         | PERSON IN CHARGE:<br>David Marler/owner                                                                     |
| ADDRESS:<br>4010 Oakwood Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | ESTABLISHMENT NUMBER:<br>4686                                                                                                                                                                                                                                                  | COUNTY:<br>St. Francois                                                                                     |
| CITY/ZIP:<br>Valles Mines, 63087                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PHONE:<br>573-631-1987 | FAX:<br>N/A                                                                                                                                                                                                                                                                    | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE<br><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 checked="" type="checkbox"/> MOBILE VENDORS<br><input 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 |                        |                                                                                                                                                                                                                                                                                |                                                                                                             |
| PURPOSE<br><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<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____                                                                                                                                                                                                                                                                                                                                            |                        | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE<br>WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE<br>Date Sampled 3/8/2021 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Proper cooking, time and temperature                        |     |                                     |
|                                                                                                             | Employee Health                                                                             |                                     |   | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Proper hot holding temperatures                             |     |                                     |
|                                                                                                             | Good Hygienic Practices                                                                     |                                     |   | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Proper cold holding temperatures                            |     |                                     |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO                              | Proper eating, tasting, drinking or tobacco use                                             |                                     |   | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Proper date marking and disposition                         |     |                                     |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> NO                                         | No discharge from eyes, nose and mouth                                                      |                                     |   | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Time as a public health control (procedures / records)      |     |                                     |
|                                                                                                             | Preventing Contamination by Hands                                                           |                                     |   | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Consumer Advisory                                           |     |                                     |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO                              | Hands clean and properly washed                                                             |                                     |   | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Consumer advisory provided for raw or undercooked food      |     |                                     |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO                              | 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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Pasteurized foods used, prohibited foods not offered        |     |                                     |
|                                                                                                             | Approved Source                                                                             |                                     |   | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Chemical                                                    |     |                                     |
| <input checked="" type="checkbox"/> OUT                                                                     | Food obtained from approved source                                                          |                                     |   | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Food additives: approved and properly used                  |     |                                     |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Food received at proper temperature                                                         |                                     |   | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                    | Toxic substances properly identified, stored and used       |     | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT                                                                     | Food in good condition, safe and unadulterated                                              |                                     |   |                                                                                                                                                                                                                                                | Conformance with Approved Procedures                        |     |                                     |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                           |                                     |   | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed<br>COS=Corrected On Site      R=Repeat Item |                                                             |     |                                     |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Food separated and protected                                                                | <input checked="" type="checkbox"/> |   |                                                                                                                                                                                                                                                |                                                             |     |                                     |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized                                                   |                                     |   |                                                                                                                                                                                                                                                |                                                             |     |                                     |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | 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.

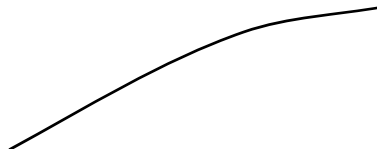
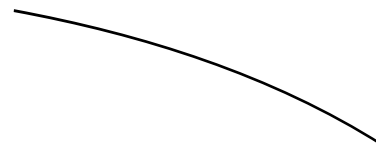
| IN                                  | OUT                                 | Safe Food and Water                                                                 | COS | R | IN                                  | OUT                      | Proper Use of Utensils                                                                | 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                       |     |   |
|                                     |                                     | 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 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |   |

|                           |                    |                             |                                                                     |
|---------------------------|--------------------|-----------------------------|---------------------------------------------------------------------|
| Person in Charge / Title: | David Marler/owner | Date:                       | March 8, 2021                                                       |
| Inspector:                | Nicholas Joggerst  | Telephone No. (573)431-1947 | EPHS No. 1687                                                       |
|                           |                    | Follow-up:                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                           |                    | Follow-up Date:             |                                                                     |



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

PAGE 2 of 2

|                                                                                     |                                                                                                                                                                                                                                                                                                                              |                               |                        |                                 |                                                                     |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------|---------------------------------|---------------------------------------------------------------------|
| ESTABLISHMENT NAME<br>Concessionaire Extraordinaire (commissary)                    |                                                                                                                                                                                                                                                                                                                              | ADDRESS<br>4010 Oakwood Court |                        | CITY/ZIP<br>Valles Mines, 63087 |                                                                     |
| FOOD PRODUCT/LOCATION                                                               |                                                                                                                                                                                                                                                                                                                              | TEMP. in ° F                  | FOOD PRODUCT/ LOCATION |                                 | TEMP. in ° F                                                        |
| Victory tall fridge (amb.) no PHF                                                   |                                                                                                                                                                                                                                                                                                                              | 35                            | GE Deep Freezer        |                                 | 3                                                                   |
| Frigidaire chest freezer (amb.)                                                     |                                                                                                                                                                                                                                                                                                                              | 19                            |                        |                                 |                                                                     |
|                                                                                     |                                                                                                                                                                                                                                                                                                                              |                               |                        |                                 |                                                                     |
|                                                                                     |                                                                                                                                                                                                                                                                                                                              |                               |                        |                                 |                                                                     |
| Code Reference                                                                      | <b>PRIORITY ITEMS</b><br>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)                                                   |
| 7-201.11A                                                                           | Chaffing dish fuel was observed above coffee pots in the kitchen area of the commissary. Poisonous or toxic chemical shall be stored so they cannot contaminate equipment. COS by separating away from food and equipment.                                                                                                   |                               |                        |                                 | COS                                                                 |
| 3-302.11A                                                                           | Raw chicken was observed above raw pork in the Frigidaire chest freezer. Food shall be protected from cross-contamination by storing in the vertical order, top to bottom: ready-to-eat, raw seafood, raw whole muscle, raw ground meat, and raw poultry. COS on site by asking that items be arranged in the correct order. |                               |                        |                                 | COS                                                                 |
| NOTE:                                                                               | Water sample taken at commissary.<br>Pending water sample results                                                                                                                                                                                                                                                            |                               |                        |                                 |                                                                     |
|   |                                                                                                                                                                                                                                                                                                                              |                               |                        |                                 |                                                                     |
| Code Reference                                                                      | <b>CORE ITEMS</b><br>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)                                                   |
| 3-302.11A                                                                           | Minor ice accumulation was observed in the Frigidaire ice chest. Food shall be protected from contamination. Please defrost and clean the freezer.                                                                                                                                                                           |                               |                        |                                 | 12-1-2021                                                           |
| NOTE                                                                                | Area of the OWTS field was observed, no effluent or odors was observed.                                                                                                                                                                                                                                                      |                               |                        |                                 |                                                                     |
| NOTE                                                                                | Wellhead was observed no issues noted.                                                                                                                                                                                                                                                                                       |                               |                        |                                 |                                                                     |
|  |                                                                                                                                                                                                                                                                                                                              |                               |                        |                                 |                                                                     |
| <b>EDUCATION PROVIDED OR COMMENTS</b>                                               |                                                                                                                                                                                                                                                                                                                              |                               |                        |                                 |                                                                     |
| A line through an item on page 1 means not observed or not applicable.              |                                                                                                                                                                                                                                                                                                                              |                               |                        |                                 |                                                                     |
| Person in Charge /Title:                                                            |                                                                                                                                                                                                                                                                                                                              | David Marler/owner            |                        | Date: March 8, 2021             |                                                                     |
| Inspector:                                                                          | Nicholas Joggerst                                                                                                                                                                                                                                                                                                            | Telephone No.                 | EPHS No.               | Follow-up:                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                                                                     |                                                                                                                                                                                                                                                                                                                              | (573)431-1947                 | 1687                   | Follow-up Date:                 |                                                                     |