



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

TIME IN	1:48 PM	TIME OUT	2:00 PM
DATE	12/21/2020	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: Mike's Pub, LLC	OWNER: Michael Reinsmith	PERSON IN CHARGE: Donna Dunn
ADDRESS: 9365 Berry Road	ESTABLISHMENT NUMBER: 1333	COUNTY: 187
CITY/ZIP: Bonne Terre, 63628	PHONE: (314) 550-9173	FAX: NA
PURPOSE: <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" 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 checked="" type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD		
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 <u>12/21/2020</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"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			<input checked="" 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"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<b>Good Hygienic Practices</b>							
<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		
<b>Preventing Contamination by Hands</b>							
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" 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)		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Consumer Advisory		
<b>Approved Source</b>							
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input 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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> NO	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Chemical		
<b>Protection from Contamination</b>							
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Proper disposition of returned, previously served, reconditioned, and unsafe food			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Conformance with Approved Procedures		
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	COS	R	IN	OUT	COS	R
<b>Safe Food and Water</b>							
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Pasteurized eggs used where required			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment and linens: properly stored, dried, handled		
<b>Food Temperature Control</b>							
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate equipment for temperature control			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Approved thawing methods used			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided and accurate			<b>Utensils, Equipment and Vending</b>			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Prevention of Food Contamination</b>							
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<b>Physical Facilities</b>			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Fruits and vegetables washed before use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean		

Person in Charge Title:	Donna Dunn	Date:	December 21, 2020
Inspector:	Donovan Kleinberg	Telephone No.:	(573) 431-1947
		EPHS No.:	1686
		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**

ESTABLISHMENT NAME Mike's Pub, LLC	ADDRESS 9365 Berry Road	CITY /ZIP Bonne Terre, 63628
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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.**

	All priority violations have been corrected.		
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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.**

	All core violations have been corrected.		
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EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: 	Donna Dunn	Date: December 21, 2020
Inspector: 	Donovan Kleinberg	Telephone No. (573)431-1947
	EPHS No. 1686	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: