



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

TIME IN	1:54 PM	TIME OUT	4:00 PM
DATE	12/4/2020	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: 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	
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 checked="" type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS					
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 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"/> 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 <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"/> IN <input 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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> IN <input checked="" type="checkbox"/> Q/T <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)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<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				<b>Highly Susceptible Populations</b>		
<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		
	<b>Approved Source</b>				<b>Chemical</b>		
<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"/> Q/T	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<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		
	<b>Protection from Contamination</b>				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 type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/A	Food separated and protected						
<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"/> NO	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 type="checkbox"/>	<input checked="" 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		
		<b>Food Temperature Control</b>			<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					<b>Utensils, Equipment and Vending</b>		
<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		
		<b>Food Identification</b>			<input type="checkbox"/>	<input checked="" 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		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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 type="checkbox"/>	<input checked="" 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:		Donna Dunn		Date: December 4, 2020	
Inspector:		Donovan Kleinberg		Telephone No. (573) 431-1947	EPHS No. 1686
				Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				Follow-up Date: 12/21/2020	



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ESTABLISHMENT NAME Mike's Pub, LLC		ADDRESS 9365 Berry Road		CITY /ZIP Bonne Terre, 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Maytag Freezer		0	Pizza Make Table Top: Lettuce, Sliced Tomato, Pepperoni		38, 40, 41
Gibson Freezer		0	Bottom Ambient		38
Magic Chef Freezer Ambient		0	GR Freezer/Cooler Ambient		0, 28
Unmarked Freezer Ambient		0	Two Door Cooler Ambient		37
Roper Freezer/Cooler Ambient		0, 30	Beer Cooler 1, 2 Ambients		40, 31

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>		
3-501.17B	Ready To Eat (RTE) turkey and beef were found in the bottom of the pizza make table with dates of when they were placed inside the freezer. Potentially Hazardous Food (PHF) that is RTE and prepared on site shall be marked with a date of disposal that is seven days, including the date the food was prepared, if the food is going to be held in the establishment for over 24 hours. Please mark RTE PHF that will be held for over 24 hours with a date of disposition of seven days.	12/4/2020	[Handwritten Initials]
3-302.11A1	Raw beef was found stored next to and above bread and other RTE foods. Food shall be stored in the proper manner and order so as to reduce the potential of cross contamination. Please store food in the following vertical order from top to bottom so as to reduce the risk of cross contamination: RTE foods, fish and seafood, whole muscle beef and pork, ground beef and pork, chicken and poultry products. CORRECTED ON SITE by rearranging the position of the beef.	COS	
3-302.11A1	Inside the unmarked vertical freezer a bag of raw chicken was found stored above ravioli and other RTE foods. Food shall be stored in the proper vertical manner so as to reduce the potential of cross contamination. Please store food in the proper manner and vertical order in order to prevent potential cross contamination. CORRECTED ON SITE by moving the chicken to the bottom of the freezer.	COS	
4-501.114A	The concentration of chlorine sanitizer inside the three vat sink was found to be greater than 200ppm. Sanitizers shall be used only at the appropriate concentrations in order to work effectively and correctly. Proper chlorine concentration for sanitizers can be achieved by using one to one and a half teaspoons of bleach per gallon of water. Please check the concentration of sanitizers with test strips and mix sanitizers at proper concentrations.	12/4/2020	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>		
4-601.11C	There was an accumulation of food debris found in the bottom of the Roper freezer. Non-Food Contact (NFC) surfaces shall be kept free of an accumulation of debris. Please clean out the bottom of the Roper Freezer.	12/4/2020	[Handwritten Initials]
4-302.14	No chlorine test strips were available at the facility during the time of this visit. Test strips of the correct type shall be available for staff to check the concentration of sanitizers. Please provide test strips for chlorine sanitizers.	12/6/2020	
4-501.14C	The sprayer at the three vat sink was found to have an accumulation of grease and debris. Warewashing equipment shall be cleaned at least once every 24 hours while in use. Please clean the sprayer at the three vat sink.	12/5/2020	
3-304.12B	A bucket of all purpose flour was found in the kitchen with a tub without a handle being used as a scoop. In-use utensils may be stored in a container of non-PHF so long as the handle of the scoop is stored up out of the food. Please acquire and use a scoop with a handle which is kept up out of the flour.	12/11/20	
5-501.15A	The lids to the facility dumpster were found to be open. Outside waste receptacles shall have intact and tight fitting lids which are kept closed in order to reduce the attraction of pests and vermin. Please keep the lids to the dumpster closed.	12/4/2020	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Donna Dunn Date: December 4, 2020

Inspector: [Signature] Donovan Kleinberg Telephone No. (573)431-1947 EPHS No. 1686 Follow-up:  Yes  No Follow-up Date: 12/21/2020



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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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
3-302.11A1	A tub of raw chicken was observed stored next to fish and RTE foods inside the General Electric cooler. Food should be stored in the proper manner and vertical order to help reduce the chance of potential cross contamination. Please arrange the foods inside the General Electric cooler in order to reduce the potential of cross contamination.	12/4/2020	DJ
7-201.11B	A bottle of degreaser and cleaner were found on the drainboard of the three vat sink at the bar. Potentially toxic and/or poisonous materials shall not be stored with or above food, food equipment, utensils and single service items. Please separate potentially toxic and/or poisonous materials with a space or a partition and do not store them above food, food equipment, utensils and single service items.  NOTE: This facility uses an OWTS. The system was checked and the field was walked and no damage or signs of malfunction were found. NOTE: This facility is served by a private well which is equipped with a chemical disinfection system. A water sample will be collected on the follow-up visit.	12/4/2020	I

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