



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

TIME IN	10:05am	TIME OUT	2:05pm
DATE	6/9/2020	PAGE	1 of 4

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: AmVets Post #113	OWNER: AmVets #113 Membership	PERSON IN CHARGE: Dave Rhodes/Trustee
ADDRESS: 3576 Pimville Road	ESTABLISHMENT NUMBER: 0805	COUNTY: St. Francois
CITY/ZIP: Park Hills, 63601	PHONE: 573-756-9685	FAX: N/A
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 type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L
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 checked="" type="checkbox"/> Not Applicable License No. _____		WATER SUPPLY <input type="checkbox"/> PUBLIC <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled _____ Results taken 6-9-20

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		
	Employee Health			<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		
	Good Hygienic Practices			<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"/> 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 checked="" type="checkbox"/> NO <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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" 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 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"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible	✓		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<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	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input checked="" 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	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"/>	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				<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<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		
		Prevention of Food Contamination				<input checked="" type="checkbox"/>	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 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: <i>[Signature]</i> Dave Rhodes/Trustee	Date: 6/9/2020
Inspector: <i>[Signature]</i> Nicholas Joggerst	Telephone No. (573)431-1947 EPHS No. 1687
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: 6/23/2020



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ESTABLISHMENT NAME AmVets Post #113		ADDRESS 3576 Pimville Road		CITY/ZIP Park Hills, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Frigidaire Fridge/freezer		41/20	Walk-in cooler		39
Roper Fridge(no items)/Freezer		43/15	Beer chest cooler		39
Kenmoore Fridge		12	Frigidaire freezer in storage near bar		19
Frigidaire (freezer only)		16			

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.**

NOTE:	The OWT system was observed during this inspection and seemed to be in proper working order. No surfacing sewage was observed or odors detected. Monthly water samples are being taken by members in charge to insure water quality at this establishment, due to a well that is in close proximity to the system.	6/10/2020	DR
2-401.11A	Kitchen Cigarettes were observed on the prep table. Employees shall only use tobacco in designated areas so contamination of food and clean equipment does not occur. Please only smoke outside of the kitchen and in designated areas.	COS	/
4-601.11A	Food debris on griller and beneath its stand, also in a mini oven on top of the Frigidaire fridge. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize, and air dry these items.	6/10/2020	

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.**

6-301.11	Kitchen: No soap observed at hand-wash sink in the kitchen. Each hand-washing sink shall be supplied with liquid, powder, or bar soap. Please supply soap for the sink.	COS	DR
6-501.112	Accumulation of dead flies on windowsill with bars. Insects shall be removed at a frequency so their accumulation doesn't attract pests. Please clean up dead insects off the windowsill.	6/12/2020	
6-501.11	The windowsill with bars in the window had moisture on the sill, possibly from a leak in the window. Physical facilities shall be maintained in good repair. Please repair any leaks in the window if this is the case.	6/23/2020	
6-501.11	Ceiling was torn and falling down above the grill area. Physical facilities shall be maintained in good repair. Please repair the ceiling so it is smooth, durable, and non-absorbent.		
6-202.11A, B	One of the units for fluorescent lights was unshielded. Lights shall be shielded, coated, or shatter resistant in areas where there may be exposed food. Please shield these lights if they are not shatter resistant.		
4-601.11C	Food debris was observed in the bottom of a not-in use cold prep hold unit. Non food-contact surfaces of equipment shall be clean to sight and touch please wash, rinse, sanitize, air dry bottom of the unit.		
6-501.114A	There were several items not-in-use or no longer used. Items no longer used, nonfunctional, or not necessary should be removed from the premises. Please remove unused and broken equipment.		
4-501.11C	Metal fragments were observed in the table mounted can opener. Cutting parts of can openers shall be maintained sharp to minimize the creation of metal fragments. Please wash, rinse, sanitize, and air dry the opener and replace the blade if additional metal fragments appear immediately with use.		

EDUCATION PROVIDED OR COMMENTS

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

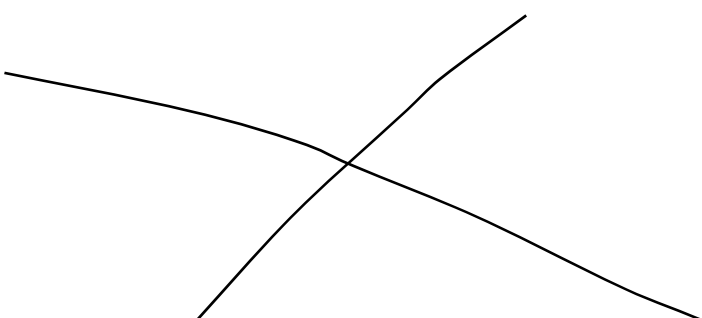
Person in Charge Title: 	Dave Rhodes/Trustee	Date: 6/9/2020
Inspector: 	Nicholas Joggerst	Telephone No. (573)431-1947
	EPHS No. 1687	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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4-601.11A	<p>Bar Area: Food debris in the ice bin behind counter. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize, and air dry these items.</p> 	6/10/2020	<i>SR</i>
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5-205.15B	Urinal in men's restroom in banquet hall was out of order. Plumbing systems shall be maintained in good repair. Please fix the urinal so it operates properly.	6/23/20	<i>DR</i>
6-501.112	Accumulation of spider webs in storage closet near kitchen. Insects shall be removed at a frequency so their accumulation doesn't attract pests. Please clean up spider webs.		
6-501.111B	Accumulation of rodent droppings and insects behind not-in-use chest freezer. The presence of insects/rodents shall be controlled by routinely monitoring the premises. Please clean up the debris and monitor for evidence of pests.		
6-501.11	Ceiling was torn in the storage closet. Physical facilities shall be maintained in good repair. Please repair the ceiling so it is smooth, durable, and non-absorbent.		
4-903.11A	Items such as paper towels, single use bowls, and paper cups were stored on the floor. Single service articles shall be stored 6 inches up off the floor. Please move items up off floor 6 inches.		
6-101.11A	Bar Area: Shelves in the walk-in cooler were made of an absorbent material. Materials for indoor surfaces shall be non-absorbent for areas subject to moisture. These include food prep areas, walk-in coolers, ware-wash areas, etc. Please paint the wooden shelves in the walk-in so they are non-absorbent.		

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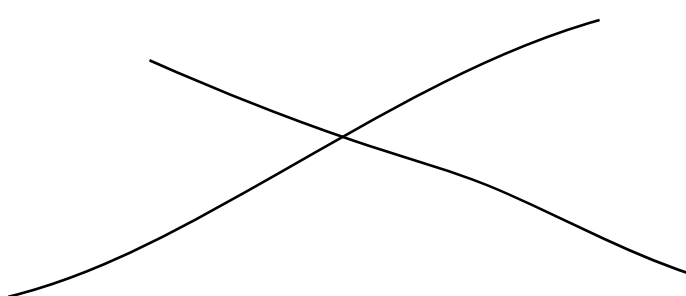
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6-501.12A	Debris observed on floor of bar area. Physical facilities shall be cleaned as often as necessary to prevent an accumulation of debris. Please clean the floor to prevent soil accumulation.	6/11/2020	
4-302.14	No test kit was available for sanitizer. A test kit or other device shall be available to accurately measure concentration in mg/L of sanitizing solution. Please supply test strips.	6/15/2020	
4-502.13A	Single-service aluminum foil was observed lining the drip tray of a pizza oven and was heavily soiled. Single-service items may not be re-used. COS by discarding.	COS	
6-202.15A	Daylight seen at the West entrance door. Outer openings shall be protected by having tight fitting doors. Please seal in the gaps around this door.	6/15/2020	
4-204.112A	No thermometer was observed in the Frigidaire freezer in the storage room near the bar. In a mechanically refrigerated unit a temperature measuring device shall be located in the warmest part of the unit. Please place a thermometer in the unit.		

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