



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

TIME IN	11:50am	TIME OUT	12:38am
DATE	6/11/2021	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: The Snack Bar	OWNER: Goose Creek Lake Trustees	PERSON IN CHARGE: Barb Stepney/Manager
ADDRESS: 9122 Beach Drive	ESTABLISHMENT NUMBER: 4698	COUNTY: St. Francois
CITY/ZIP: French Village, 63036	PHONE: 573-358-3133	FAX: 573-358-7384
ESTABLISHMENT TYPE <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 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		P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
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 type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable	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>TBD</u> Results <u>Acceptable</u>
License No. _____		

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"/> <u>OUT</u>	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> <u>OUT</u>	Employee Health			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> <u>OUT</u>	Management awareness; policy present			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> <u>OUT</u>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Proper hot holding temperatures		
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Good Hygienic Practices			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Proper cold holding temperatures		
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Proper date marking and disposition		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Preventing Contamination by Hands			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Consumer Advisory		
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Hands clean and properly washed			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Highly Susceptible Populations		
<input checked="" type="checkbox"/> <u>OUT</u>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> <u>OUT</u>	Approved Source			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Chemical		
<input checked="" type="checkbox"/> <u>OUT</u>	Food obtained from approved source			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Food additives: approved and properly used		
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Food received at proper temperature			<input checked="" type="checkbox"/> <u>OUT</u>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> <u>OUT</u>	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	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"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Food separated and protected						
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> <u>OUT</u> <input checked="" type="checkbox"/> <u>N/A</u>	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.


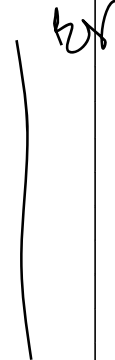
IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food Temperature Control			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food Identification			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Prevention of Food Contamination			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title:	Barb Stepney/Manager	Date:	June 11, 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:	



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**FOOD ESTABLISHMENT INSPECTION REPORT**

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ESTABLISHMENT NAME The Snack Bar		ADDRESS 9122 Beach Drive		CITY/ZIP French Village, 63036	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
2-Door cold drink fridge (amb.)/hot dogs		41/41	Chest freezer (amb.)		4
			Magic Chef Freezer (amb.)		2
Reheated hot dogs on roller		165	Hot held cheese(dispensed)		135
Code Reference	<b>PRIORITY ITEMS</b> 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)
3-501.17B	No discard date was observed on opened package of hot dogs in the cold drink fridge. Potentially hazardous food opened from a sealed package shall be clearly marked with a seven day disposition date including day one as the day the item is opened. COS by having the hot dogs labeled with disposition date.				COS
NOTE:	Water sample to be taken at later date.				
NOTE:	OWTS field visually observed; no surfacing effluent observed or odors detected.				
NOTE	Hot held cheese is cooled, discussed cooling procedures as under 3-501.14A, Discussed reheating for hot holding as under 3-403.11A.				
Code Reference	<b>CORE ITEMS</b> 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)
4-602.12B	Minor debris in all three microwaves. Microwave ovens shall be cleaned at least every 24 hours according to manufacture specifications. Please clean of all debris.				6/12/2021
4-601.11C	Minor debris observed in the vanity beneath the sinks. Non food-contact surfaces shall be free of an accumulation. Please clean of all debris.				
6-501.111 6-501.112	Accumulation of dead crickets in the corner near the cold drink fridge and right of the chest fridge. The premises shall be monitored to for evidence of pests and dead insects shall be removed at a frequency to prevent their decomposition. Please clean up debris and place approved traps as necessary.				
6-501.4A	Cob webs observed in the a/c ventilation unit on the wall. Ventilation units shall not be a source of contamination. Please clean of all debris.				
EDUCATION PROVIDED OR COMMENTS					
A line through an item on page 1 means not observed or not applicable.					
Person in Charge /Title:		Barb Stepney/Manager		Date: June 11, 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: