

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

 
 TIME IN 10:12am
 TIME OUT 12:00pm

 DATE 10/5/2022
 PAGE 1 of 3

| NEXT ROUTINE INSPEC                                      | TION THIS DAY, THE ITEMS NOT<br>CTION, OR SUCH SHORTER PER<br>FOR CORRECTIONS SPECIFIED | IOD OF TIME AS MA                 | Y BE SPEC   | IFIED I                                     | N WRI                 | r <b>i</b> ng by t      | THE REGU     | JLATORY AUTHORIT                                  |   |          |       |
|--|---|-----------------------------------|-------------|---|-----------------------|-------------------------|--------------|---|---|----------|-------|
| ESTABLISHMENT NAME: O<br>Carla's Cafe C                  |   | OWNER:<br>Carla Savage            |             |   |                       |                         |              | PERSON IN C<br>Carla Savage/                      | PERSON IN CHARGE:<br>Carla Savage/owner |          |       |
| ADDRESS:<br>818 East Main St.                            |   |                                   |             | ESTABLISHMENT NUMBER:<br>458                |                       |                         | NUMBEI<br>45 | R: COUNTY: St.                                    | Francois                                |          |       |
| CITY/ZIP: PHONE:<br>Bismarck, 63624 573-734-66           |   |                                   |             | FAX: N/A                                    |                       |                         |              | P.H. PRIORIT                                      | Y: 🔳H 🗌                                 | м        | L     |
| ESTABLISHMENT TYPE<br>BAKERY<br>RESTAURANT               | C. STORE CATERER<br>SCHOOL SENIOR C   |                                   | MER F.P.    |   | GROCE                 | RY STOR                 |              | INSTITUTION<br>TEMP.FOOD                          |   | ENDORS   |       |
| PURPOSE<br>Pre-opening                                   | Routine D Follow-up   | Complaint                         | Other       |   |                       |                         |              |   |   |          |       |
|  | approved INot Applicable  | EWAGE DISPOSA<br>PUBLIC<br>PRIVAT |             | TER S<br>COMN                               |                       |                         |              | OMMUNITY  | PRIVATE<br>Results                      |          |       |
| License No.  |   | RISK FACT                         |             |   | RVENT                 | FIONS                   |              | ·   | -                                       |          | _     |
|  | preparation practices and employee  | behaviors most com                | monly repor | ted to th                                   | e Cent                | ers for Dis             |              | trol and Prevention as                            | contributing facto                      | rs in    |       |
| foodborne illness outbre<br>Compliance                   | eaks. Public health interventions Demonstration of Kno                                  |                                   |             |   | ne illnes<br>mpliance |                         | /.<br>I      | Potentially Hazardo                               |   | COS      | R     |
|  | Person in charge present, demon   | 0                                 |             | _   | · .                   | N/O N/A                 | Proper       | cooking, time and tem                             |   | <b>1</b> |       |
|  | and performs duties<br>Employee Heal  | th                                |             |   |                       | 0 N/A                   | Proper       | reheating procedures                              | for hot holding                         |          | _     |
|  | Management awareness; policy p  |                                   |             | IN  |                       | VO N/A                  | · ·          | cooling time and temp                             |   |          |       |
|  | Proper use of reporting, restriction  |                                   |             | IN QVI N/O N/A Proper ho                    |                       |                         |              |   | t holding temperatures                  |          |       |
|  | Good Hygienic Prae<br>Proper eating, tasting, drinking or                               |                                   |             |   | OUT                   | <u>N/A</u><br>N/C N/A   |              | cold holding temperatu<br>date marking and disp   |   | <b></b>  |       |
| UT N/O   | No discharge from eyes, nose an   | d mouth                           |             |   |                       | 0 N/A                   |              | a public health contro                            | l (procedures /                         |          |       |
|  | Preventing Contaminatio   | n by Hands                        |             |   |                       |                         | records      | Consumer Advi                                     | isory                                   |          |       |
| UT N/O   | Hands clean and properly washed   | 1                                 |             |   | ουτ                   | N/A                     |              | ner advisory provided to<br>oked food             | for raw or                              |          |       |
| UT N/O   | No bare hand contact with ready-  |                                   |             |   |                       |                         | underec      | Highly Susceptible P                              | opulations                              |          |       |
|  | approved alternate method prope<br>Adequate handwashing facilities                      |                                   |             |   |                       |                         | Pasteur      | ized foods used, prohi                            | bited foods not                         |          |       |
|  | accessible  |                                   |             |   |                       | N/O                     | offered      | Chemical  |   | _        |       |
| UT OUT   | Approved Source<br>Food obtained from approved source                                   |                                   |             |   | OUT                   | NA                      | Food ac      | Iditives: approved and                            | properly used                           |          |       |
|  | Food received at proper temperat  | ure                               |             | V   | ουτ                   |                         |              | ibstances properly ide                            |   |          |       |
| ТО Т   | Food in good condition, safe and  | unadulterated                     |             |   |                       |                         |              | formance with Approv                              | ed Procedures                           |          |       |
| IN DUT N/O   | Required records available: shells destruction  | stock tags, parasite              |             | IN  | TUO                   | NA                      |              | ince with approved Sp<br>CCP plan                 | ecialized Process                       |          |       |
|  | Protection from Conta   | mination                          |             |   |                       |                         |              |   |   |          |       |
| DUT N/A  | Food separated and protected  |                                   |             |   | letter to<br>ection.  | o the left o            | f each iter  | n indicates that item's                           | status at the time                      | of the   |       |
| OUT N/A  | Food-contact surfaces cleaned &   | sanitized                         |             | linsp                                       | IN =                  | in complia              |              | OUT = not in com                                  |   |          |       |
|  | Proper disposition of returned, pre<br>reconditioned, and unsafe food                   | eviously served,                  |             |   |                       | = not appl<br>=Correcte |              | N/O = not observ<br>R=Repeat Item                 | ed                                      |          |       |
|  | reconditioned, and ansate lood  | GO                                | DD RETAIL   | PRACT                                       | ICES                  |                         |              |   |   |          |       |
|  | Good Retail Practices are preventa  |                                   |             |   |                       | ogens, ch               |              |   |   |          |       |
| IN OUT Paste   | Safe Food and Water<br>urized eggs used where required                                  | (                                 | COS R       | IN<br>V                                     | OUT                   | In-use u                |              | Proper Use of Utensils<br>operly stored           |   | cos      | R     |
|  | and ice from approved source  |                                   |             |   |                       | Utensils                | , equipme    | nt and linens: properly                           | / stored, dried,                        |          |       |
|  | Food Temperature Contro   |                                   |             |   |                       | handled                 |              | service articles: prope                           | arly stored used                        |          |       |
|  | uate equipment for temperature con  |                                   |             | $\overline{\mathbf{V}}$                     |                       |                         | used prop    | erly  |   |          |       |
| Thorn  | oved thawing methods used nometers provided and accurate                                |                                   |             |   | _                     | Eood an                 |              | ls, Equipment and Ver<br>I-contact surfaces clea  |   |          |       |
|  | •   |                                   |             | $\square$                                   |                       | designe                 | d, constru   | cted, and used                                    | · · · ·                                 |          |       |
|  | Food Identification   |                                   |             |   | $\checkmark$          | Warewa<br>strips us     |              | lities: installed, mainta                         | ined, used; test                        |          |       |
| Food   | properly labeled; original container  | -4:                               |             | $\overline{}$                               |                       |                         |              | surfaces clean                                    |   |          |       |
|  | Prevention of Food Contamin<br>ts, rodents, and animals not present                     |                                   |             |   |                       | Hot and                 | cold wate    | Physical Facilities<br>r available; adequate      | pressure                                |          |       |
| Contamination prevented during food preparation, storage |   |                                   |             | Plumbing installed; proper backflow devices |                       |                         |              |   |   |          |       |
|  | isplay<br>nal cleanliness: clean outer clothing   | , hair restraint,                 |             |   |                       | Sewage                  | and wast     | ewater properly dispo                             | sed                                     |          |       |
| fingeri  | nails and jewelry   |                                   |             |   |                       | -                       |              |   |   |          |       |
|  | g cloths: properly used and stored<br>and vegetables washed before use                  |                                   |             | $\checkmark$                                |                       |                         |              | operly constructed, su<br>roperly disposed; facil |   |          |       |
|  |   |                                   |             | $\checkmark$                                |                       |                         | facilities   | installed, maintained,                            | and clean                               |          |       |
| Person in Charge /T                                      |   | 1 NE                              |             | avage                                       | owner                 |                         |              | Date:<br>October 5, 20                            | 22                                      |          |       |
| Inspector: 71  | 1 11-2  | Nicholas Jogg                     |             | elepho                                      |                       |                         | S No. I      | Follow-up:  | 🗖 Yes                                   | N        | 0     |
| MO 580-1814 (9-13)                                       | M. A My   | DISTRIBUTION: WHITE -             | D/          | ' <u>3-431-</u><br>Y                        |                       | 1687<br>CANARY – FI     |              | Follow-up Date:                                   |   |          | E6.37 |
|  | 100   |                                   |             |   |                       |                         |              |   |   |          |       |



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| ESTABLISHMEN                                 | TNAME  | ADDRESS   |  |   |                      |         |
|--|--|---|--|---|----------------------|---------|
| Carla's Cafe                                 |  | 818 East Main St.   |  | Bismarck, 63624                                 |                      |         |
| FOOD PRODUCT/LOCATION                        |  | TEMP. in ° F  | FOOD PRODUCT/ L  |   | TEMP. in ° F         |         |
| Cold prep top: cut tomato/lettuce/bottom(amb |  |   | Midea fridge(am  |   | 40/41                |         |
| Hot held milk gravy/potatoes                 |  | 180/154   | Kenmoore fridge(amb  | 40/38<br>40/42                                  |                      |         |
| F  | rigidaire freezer(amb.)<br>Hot held meatloaf   | 0 110-129   | Kenmoore fridge 2(amb.   | • • •   |                      | -2      |
| Cold prop (                                  | 2 top: tomato/canned mushroom  | 40/39   | Frigidaire freezer (   |   | 1                    |         |
| Cold prep 2                                  |  |   | Cold prep 2 botto  | ini(anii).)                                     | Correct by           | Initi   |
| Reference                                    | or injury. These items MUST RECEIVE I  | MMEDIATE ACTION wi  |  |   | (date)               |         |
|  | Hot held meatloaf in the steamer<br>shortly after 9am. Potentially haza<br>165F immediately and hold hot at  | ardous food shall b   |  | ase either reheat to                            | cos (                | þĮ      |
|  | The ambient temperature of the Centaur fridge was observed at 52F and several potentially hazardous food items were observed at above 41F in the unit. Potentially hazardous food shall be held cold at 41F or less. Cream cheese cake in the back of the unit was temped at 46F along with sour cream and asked to be moved to another unit holding at 41F or less. COS by asking staff to not use the unit for potentially hazardous food. |   |  |   |                      |         |
|  | The ambient temperature of the second Frigidaire fridge was observed at 48F and several potentially hazardous food items were observed at above 41F in the unit. Potentially hazardous food shall be held cold at 41F or less. COS by asking staff to turn down the temperature of the unit; please discard all potentially hazardous food that is three days or older in the unit.  |   |  |   |                      |         |
|  | Staff deep fried raw chicken whicl<br>fully cooked. Staff stated they bel<br>and ranged from 140-158F. I aske<br>165F. Raw poultry shall reach 16<br>and was verified at greater than 1  | ieved it was. Staff<br>ed management to<br>5F for 15 seconds. | did not temp the chicken. A chicked<br>overify the temperature and they a<br>. COS staff fried the chicken breas | en breast was temped<br>agreed it did not reach | cos                  |         |
| Code<br>Reference                            |  | erational controls, facili                                    | DRE ITEMS<br>ties or structures, equipment design, genera  |   | Correct by<br>(date) | Initial |
|  | standard operating procedures (SSOPs).   | These items are to be   | corrected by the next regular inspection   | n or as stated.                                 | 10/6/2022            |         |
| 4-501.14B                                    | The plastic drainboard in the ware wash area was observed with black debris inside of it. Drainboards shall be cleaned at a frequency to prevent recontamination of clean equipment and utensils. Please clean the drainboard.   |   |  |   |                      | C       |
| NOTE:  | Pancake batter is constituted dai procedures as under 3-501.14B.   |   | at 11:00am according to staff so di  | scussed cooling                                 |                      |         |
|  |  |   |  |   |                      |         |
|  |  |   |  |   |                      |         |
|  |  |   |  |   |                      |         |
|  |  |   |  |   |                      |         |
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|  |  |   |  |   |                      |         |
|  |  |   |  |   |                      |         |
|  |  |   |  |   | <u> </u>             |         |
|  |  | EDUCATION   | PROVIDED OR COMMENTS   |   |                      |         |
|  |  |   |  |   |                      |         |
|  |  |   |  |   |                      |         |
| Person in Ch                                 |  | $\leq$  | Carla Savage/owner   | Date: October 5, 2                              | 022                  |         |
| 1  | 1 / Maria  |   | Telephone No.   EPH  | IS No. Follow-up:                               | Yes                  | ΞN      |
| Inspector:                                   |  | Nicholas  | s Joggerst 573-431-1947 1687   | Follow-up Date:                                 |                      |         |



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| FOOD ESTA  | ABLISHMENT INSI                                       | PECTION REPOR  | RT   | PAGE <sup>3</sup> of                | 3                    |         |
|--|---|--|--|-------------------------------------|----------------------|---------|
| ESTABLISHMENT NAME<br>Carla's Cafe                     |   | ADDRESS<br>818 East Main St.                               |  | CITY/ZIP<br>Bismarck, 63624         |                      |         |
| FOOD PRODUCT/LOCATION                                  |   | TEMP. in ° F   | FOOD PRODUCT/ L  | OCATION                             |                      |         |
| Frigidaire Fridge 2(amb.)milk/green bean               |   | 48/47/44   | Centaur fridge(amb.) creamer   | /cream cheese cake                  | 52/54/46             |         |
| Frigidaire freezer 3 (amb.)                            |   | 0  | Frigidaire freezer   |                                     | 5                    |         |
| Deep fried chicken                                     |   | 140-158  |  |                                     |                      |         |
| Deep fried chicken (COS)                               |   | 168-180  | Grilled hambu  | gers                                | 180-1                | 90      |
|  |   |  |  |                                     |                      | -       |
| Code<br>Reference Priority items of<br>or injury. Thes | contribute directly to the eline terms MUST RECEIVE I | PRIO<br>mination, prevention or re-<br>MMEDIATE ACTION wit | RITY ITEMS<br>duction to an acceptable level, hazards ass<br>hin 72 hours or as stated.            | sociated with foodborne illness     | Correct by<br>(date) | Initial |
|  |   |  |  |                                     |                      |         |
|  |   |  |  |                                     |                      |         |
| Code<br>Reference Core items rel                       | ate to general sanitation, o                          | perational controls, faciliti                              | RE ITEMS<br>es or structures, equipment design, genera<br>corrected by the next regular inspection | I maintenance or sanitation         | Correct by<br>(date) | Initial |
|  |   |  | PROVIDED OR COMMENTS   |                                     |                      |         |
| Person in Charge /Title:                               |   | <u> </u>   | <b>h</b>   | Data                                |                      |         |
| $\sim$   | ging  | Jany   | Carla Savage/owner   | Date:<br>October 5, 20              |                      |         |
| Inspector:   | h.I.m   |  | 575-451-1947 1007  | S No. Follow-up:<br>Follow-up Date: | Yes                  | E6.37A  |