



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

TIME IN 10:30 TIME OUT 12:15
PAGE 1 of 1

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: <u>Grecian Steak House</u>		OWNER: <u>Steve Panousis</u>		PERSON IN CHARGE: <u>Steve Panousis</u>	
ADDRESS: <u>1108 South By Pass</u>				COUNTY: <u>069</u>	
CITY/ZIP: <u>Kennett, MO 63857</u>		PHONE: <u>673 888-9522</u>	FAX:		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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 checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <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		SEWAGE DISPOSAL		WATER SUPPLY	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. <u>069-15884</u>		<input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		<input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ 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
<u>IN</u> <u>OUT</u>	Person in charge present, demonstrates knowledge, and performs duties			<u>IN</u> <u>OUT</u> N/O N/A	Proper cooking, time and temperature		
	Employee Health			<u>IN</u> <u>OUT</u> N/O N/A	Proper reheating procedures for hot holding		
<u>IN</u> <u>OUT</u>	Management awareness; policy present			<u>IN</u> <u>OUT</u> N/O N/A	Proper cooling time and temperatures		
<u>IN</u> <u>OUT</u>	Proper use of reporting, restriction and exclusion			<u>IN</u> <u>OUT</u> N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<u>IN</u> <u>OUT</u> N/A	Proper cold holding temperatures		
<u>IN</u> <u>OUT</u> N/O	Proper eating, tasting, drinking or tobacco use			<u>IN</u> <u>OUT</u> N/O N/A	Proper date marking and disposition		
<u>IN</u> <u>OUT</u> N/O	No discharge from eyes, nose and mouth			<u>IN</u> <u>OUT</u> N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<u>IN</u> <u>OUT</u> N/O	Hands clean and properly washed			<u>IN</u> <u>OUT</u> <u>N/A</u>	Consumer advisory provided for raw or undercooked food		
					Highly Susceptible Populations		
<u>IN</u> <u>OUT</u> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<u>IN</u> <u>OUT</u> N/O N/A	Pasteurized foods used, prohibited foods not offered		
<u>IN</u> <u>OUT</u>	Adequate handwashing facilities supplied & accessible				Chemical		
	Approved Source			<u>IN</u> <u>OUT</u> N/A	Food additives: approved and properly used		
<u>IN</u> <u>OUT</u>	Food obtained from approved source			<u>IN</u> <u>OUT</u>	Toxic substances properly identified, stored and used		
<u>IN</u> <u>OUT</u> N/O N/A	Food received at proper temperature				Conformance with Approved Procedures		
<u>IN</u> <u>OUT</u>	Food in good condition, safe and unadulterated			<u>IN</u> <u>OUT</u> <u>N/A</u>	Compliance with approved Specialized Process and HACCP plan		
<u>IN</u> <u>OUT</u> N/O N/A	Required records available: shellstock tags, parasite destruction						
	Protection from Contamination						
<u>IN</u> <u>OUT</u> N/A	Food separated and protected						
<u>IN</u> <u>OUT</u> N/A	Food-contact surfaces cleaned & sanitized						
<u>IN</u> <u>OUT</u> <u>N/O</u>	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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

Person in Charge / Title: <u>Steve Panousis</u>			Date: <u>01-17-2019</u>		
Inspector: <u>Christopher O Basker</u>		Telephone No. <u>573-888-9008</u>	EPHS No. <u>1640</u>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			Follow-up Date: <u>1/22/19</u>		

WILLIAM A. SPANDEL #1532



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

TIME IN: 10:30 TIME OUT: 12:15
PAGE 2 of

ESTABLISHMENT NAME GRECIAN STEAK HOUSE		ADDRESS 1108 SOUTH BYPASS		CITY KENNETT	ZIP 63857
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
WALK IN COOLER BACK		40°	Ham / Salad Bar		39°
WALK IN COOLER FRONT		38°	Eggs / Salad BAR		40°
STAND UP REF		38°	Tomatoes / Salad Bar		39°
			Gravy / Salad Bar		178°

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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
4-60.11A	OBSERVED CAN OPENER BLADE SOILED with Food & Debr. - clean & sanitize	COS	SP
3-506D	Potentially Hazardous foods not Dated. EX: Eggs, Ham, Fried chicken, coleslaw, egg salad, macaroni salad. - Ready to eat once made or seal broke on original container 7 days max.	1-22-19	SP
3-305.11	Boxes on Floor in Freezer - must be binds off of floor	COS	SP
4-101.11	Observed Beans, Flour, sugar in non Food grade storage. - Food grade storage if taken out of Package.	1-22-19	SP

Code Reference	CORE ITEMS 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.	Correct by (date)	Initial
6-501.11	Observed Door Seals on Walk in Cooler's & Freezer to W. = Repair or Replace	NRE	SP
4-901.11	observing dishes stacked wet - must Air dry before stacking	NRE	SP
NRE = Next Routine Inspection			

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Steve Tawolis Date: 01-17-2019
Inspector: Christopher D Preslar Telephone No. 573-888-9108 EPHS No. 1647
Follow-up: Yes No
Follow-up Date: 1/27/19