



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

TIME IN 1300 TIME OUT 1430
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: SUBWAY OWNER: SBT MISSOURI PERSON IN CHARGE: Danna Babb
ADDRESS: 1709 N DOUGLASS COUNTY: 069
CITY/ZIP: MALDEN, MO 63863 PHONE: 573-281-2108 FAX: P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP.FOOD

PURPOSE
 Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT Approved Disapproved SEWAGE DISPOSAL PUBLIC PRIVATE WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE
Date Sampled _____ Results _____
License No. NA

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			<input checked="" type="checkbox"/>	OUT N/O N/A		
				<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			IN	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT N/O		
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
IN	OUT	N/O	N/A	<input checked="" type="checkbox"/>	OUT		
<input checked="" type="checkbox"/>	OUT						
<input checked="" type="checkbox"/>	OUT	N/A					
<input checked="" type="checkbox"/>	OUT	N/A					
IN	OUT						

The letter to the left of each item indicates that item's status at the time of the inspection.
IN = in compliance
N/A = not applicable
OUT = not in compliance
N/O = not observed

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

Person in Charge / Title: Danna Babb Date: 01/19/2022
Inspector: [Signature] Telephone No. 573-888-9008 EPHS No. 1647 Follow-up: Yes No
Follow-up Date: _____

