



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

TIME IN 1100 TIME OUT 1300  
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: <b>PEKING CHINESE RESTAURANT</b>		OWNER: <b>SANDY LIN</b>		PERSON IN CHARGE: <b>Henry Zheng</b>	
ADDRESS: <b>2772 N DOUGLASS STREET</b>				COUNTY: <b>069</b>	
CITY/ZIP: <b>MALDEN MO 63863</b>		PHONE: <b>573-281-4357</b>	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 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					
PURPOSE <input checked="" type="checkbox"/> Pre-opening <input 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		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	
License No. <b>NA</b>					

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

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

Person in Charge / Title: <b>Henry Zheng</b>			Date: <b>01/14/2020</b>	
Inspector: <i>Cheryl Lee</i>		Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: <b>01/17/2020</b>	

