



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

TIME IN 845 TIME OUT 1000  
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: **RHODES 101 STOP** OWNER: **PAJCO, INC** PERSON IN CHARGE: **Lyric Perkins, MGR**  
ADDRESS: **914 N DOUGLASS** COUNTY: **069**  
CITY/ZIP: **MALDEN, MO 63863** PHONE: **573-276-4902** FAX: P.H. PRIORITY:  H  M  L

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

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	Personnel Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/>	OUT			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	OUT			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/O	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"/>
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	<input checked="" type="checkbox"/>	
<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	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT		
<input checked="" type="checkbox"/>	OUT						
IN	OUT	N/O	<input checked="" type="checkbox"/>	IN	OUT	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	OUT	N/A					
IN	<input checked="" type="checkbox"/>	N/A					
IN	OUT	<input checked="" type="checkbox"/>					

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
<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"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
	<input checked="" type="checkbox"/>	Approved thawing methods used	<input checked="" type="checkbox"/>				Gloves used properly		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
					<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
	<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"/>		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: **Lyric Perkins, MGR** Date: **08/09/2022**  
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647**  
Follow-up:  Yes  No  
Follow-up Date: \_\_\_\_\_



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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Walk in Cooler	38	Gravy/Warmer	137
Amana	37	Scrambled Eggs/Warmer	148
Walk in Freezer	5	Deli Prep	37
Display Cooler	40		
Fried Egg/Warmer	144		

Code Reference	PRIORITY ITEMS	Corrected by (date)	Initial
4-601.11A	Ice maker baffles soiled with pink residue, wash, rinse and sanitize	COS	UP

Code Reference	CORE ITEMS	Corrected by (date)	Initial
3-302.12	Unlabeled dry good in kitchen, shall be labeled	COS	JP
3-501.13	Frozen pre packaged deli sandwiches on countertop thawing, shall be placed in cooler to properly thaw	COS	JP

CIP	Correction in Progress
COS	Corrected onsite

EDUCATION PROVIDED OR COMMENTS:

Person in Charge /Title: <b>Lyric Perkins, MGR</b>	Date: <b>08/09/2022</b>
Inspector: <i>[Signature]</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No. <b>573-888-9008</b>	Follow-up Date:
EPHS No. <b>1647</b>	