



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

TIME IN 800      TIME OUT 1000  
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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: **York's Quick Stop & BBQ**      OWNER: **Linda York**      PERSON IN CHARGE: **Penny Collins**  
ADDRESS: **Hwy 53**      CITY/ZIP: **Campbell, MO**      PHONE: **573-246-3136**      FAX:      COUNTY: **069**  
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	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, testing, drinking or tobacco use			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> OUT N/O N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT	Pasteurized foods used, prohibited foods not offered		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Food additives: approved and properly used		
IN <input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
IN <input checked="" type="checkbox"/> N/A	Food separated and protected			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			
IN <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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		
X		Adequate equipment for temperature control			X		Single-use/single-service articles: properly stored, used		
X		Approved thawing methods used			X		Gloves used properly		
	X	Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food properly labeled; original container			X	X	Warewashing facilities: installed, maintained, used; test strips used		
X		Insects, rodents, and animals not present			X		Nonfood-contact surfaces clean		
	X	Contamination prevented during food preparation, storage and display			X		Hot and cold water available; adequate pressure		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Plumbing installed; proper backflow devices		
X		Wiping cloths: properly used and stored			X		Sewage and wastewater properly disposed		
X		Fruits and vegetables washed before use			X		Toilet facilities: properly constructed, supplied, cleaned		
					X		Garbage/refuse properly disposed; facilities maintained		
					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Penny Collins**      Date: **07/01/2020**  
Inspector: *[Signature]*      Telephone No. **573-888-9008**      EPHS No. **1647**      Follow-up:  Yes  No  
Follow-up Date: **07/30/2020**



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ESTABLISHMENT NAME <b>York's Quick Stop &amp; BBQ</b>		ADDRESS <b>Hwy 53</b>		CITY/ZIP <b>Campbell, MO</b>	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Burrito/Warmer		141	Chicken Strips/Warmer		120
Sliced Tomato/Deli Prep Cooler		40	Meatloaf/Oven		198
Walk in Freezer		-10			
Walk in Cooler		37			
Ribs/Warmer		136			

Code Reference	PRIORITY ITEMS Priority items contribute directly to the transmission, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.	Correct by (date)	Initials
4-601.11A	Fountain heads soiled with black residue, wash rinse and sanitize	7/30/20	PC
3-501.18	Multiple items in Deli cooler and walk in cooler out of date (Devil Egg Salad, Chili) Dated 6/19/2020	7/30/20	PC
3-501.16A	Chicken strips in warmer temp at 120 degrees, must be held 135 degrees or higher	7/30/20	PC

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)	Initials
5-203.13	No mop sink for disposal of waste water,, sink installed no running water	7/30/20	PC
4-302.14	No test kit for sanitizer	7/30/20	PC
6-202.15	Daylight visible under both doors in smoke house, shall keep outer openings protected	7/30/20	PC
6-304.11	Ventilation in restroom not working, maintain in good repair	7/30/20	PC
3-305.11	Boxes on floor in walk cooler, must be stored at least 6 inches off the floor	7/30/20	PC
4-204.112	No thermometer for deli prep cooler	7/30/20	PC
6-202.11A	Unshielded bulb above kitchen prep area	7/30/20	PC
6-501.11	Water leaking behind ice maker and on to floor in stock room	7/30/20	PC

NRI	NEXT ROUTINE INSPECTION		

**EDUCATION PROVIDED OR COMMENTS:**

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Person in Charge /Title: <b>Penny Collins</b> <i>Penny Collins</i>			Date: <b>07/01/2020</b>
Inspector: <i>[Signature]</i>	Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: <b>07/30/2020</b>