



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

TIME IN **800** 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: York's Quick Stop & BBQ		OWNER: Linda York	PERSON IN CHARGE: Penny Collins
ADDRESS: Hwy 53		CITY/ZIP: Campbell, MO	COUNTY: 069
PHONE: 573-246-3136		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"/> RESTAURANT <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP. FOOD <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 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	
WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY		<input type="checkbox"/> 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	Proper cooking, time and temperature		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	Highly Susceptible Populations		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> OUT N/A	Critical		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	Compliance with approved Procedures		
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	Food separated and protected		
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	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
<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					Use of hand sanitizer		
	<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"/>		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: Penny Collins	Date: 11/13/2020
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008
EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____



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 PAGE 2 of 2

ESTABLISHMENT NAME York's Quick Stop & BBQ		ADDRESS Hwy 53		CITY / ZIP Campbell, MO	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/LOCATION		TEMP. in ° F
Walk in Cooler		38	Hot Hold		250
Walk in Freezer		-10	Display Cooler		37
Deli Prep		37	Walk in Freezer 2		-5
Chicken Strips/Warmer		137	Ice Cream		15
Sausage/Warmer		135			

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.

Code Reference	Description	Correct by (date)	Initial
3-501.17	Ready to eat food in walk in cooler not dated (Coleslaw, gulosh), Shall be dated with 7day discard	COS	pc
3-302.11	Bologna in a container with raw products in walk in cooler	COS	pc
3-302.11	Raw pork sitting on canned beverages in walk in cooler	COS	pc

CORE ITEMS
 Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.

Code Reference	Description	Correct by (date)	Initial
4-204.112	No thermometer in display cooler	NRI	pc
3-305.11	Boxes on floor in both walk in freezers, must be atleast 6 inches off the floor	NRI	pc
6-202.15	Daylight visible under both doors in smoke house, shall keep outer openings protected	NRI	pc
4-904.11	Personal items next to single serve items, must protect from contamination	NRI	pc

NRI	NEXT ROUTINE INSPECTION

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Penny Collins		Date: 11/13/2020	
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:	