



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

TIME IN 10:15 TIME OUT 11:40
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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: <i>Gena's Cafe</i>	OWNER: <i>Bill Meadows</i>	PERSON IN CHARGE: <i>Bill Meadows</i>
ADDRESS: <i>516 E. Grand</i>	COUNTY: <i>069</i>	
CITY/ZIP: <i>Campbell, MO 63933</i>	PHONE: <i>573-246-2722</i>	FAX:
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 checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <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 <input checked="" type="checkbox"/> Not Applicable License No. _____	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 _____

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 OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
Employee Health				IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
Good Hygienic Practices				IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				IN OUT N/A	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source				Chemical			
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated			Conformance with Approved Procedures			
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
Protection from Contamination				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 COS = Corrected On Site R = Repeat Item			
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	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
✓		Pasteurized eggs used where required					In-use utensils: properly stored		
✓		Water and ice from approved source				X	Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control							Single-use/single-service articles: properly stored, used		
✓		Adequate equipment for temperature control			✓		Gloves used properly		
✓	X	Approved thawing methods used			✓		Utensils, Equipment and Vending		
✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification							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			✓		Hot and cold water available; adequate pressure		
	X	Contamination prevented during food preparation, storage and display			✓		Plumbing installed; proper backflow devices		
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Sewage and wastewater properly disposed		
✓		Wiping cloths: properly used and stored			✓		Toilet facilities: properly constructed, supplied, cleaned		
✓		Fruits and vegetables washed before use			✓		Garbage/refuse properly disposed; facilities maintained		
						X	Physical facilities installed, maintained, and clean		

Person in Charge/Title: <i>Bill Meadows</i>	Date: <i>12-28-18</i>		
Inspector: <i>Christopher D. Beaman</i>	Telephone No. <i>573-884-9008</i>	EPHS No. <i>1647</i>	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Date:			



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ESTABLISHMENT NAME <u>Ben's Cafe</u>		ADDRESS <u>516 E. Grand</u>		CITY <u>Campbell</u>	ZIP <u>63933</u>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<u>Prep Table</u>		<u>45°</u>			
<u>Freezer</u>		<u>6°</u>			
<u>Freezer</u>		<u>8°</u>			

Code Reference	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.	Correct by (date)	Initial
<u>3-501.17</u>	<u>Ready to eat food (sausage, Ham, Bacon) not dated</u> <u>- Ready to eat food must be dated</u>	<u>1/03/19</u>	<u>BM</u>
<u>3-506.18</u>	<u>Observed cottage cheese with expiration of 10/30/2018</u> <u>- voluntarily disposed</u>	<u>COS</u>	<u>BM</u>
<u>6-506.111</u>	<u>Observed live mouse in kitchen, 1 dead in kitchen and 1 in Syrup Rack, mouse droppings observed throughout facility</u> <u>- must remove mice & feces throughout entire facility</u>	<u>1/03/19</u>	<u>BM</u>
<u>Repa: 3-302.11</u>	<u>Observed raw eggs of butter.</u> <u>- discussed stacking</u>	<u>COS</u>	<u>BM</u>
<u>3-201.11</u>	<u>No documentation on fish & not properly labeled.</u> <u>- provide documentation on approved vendor</u>	<u>1/03/19</u>	<u>BM</u>

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)	Initial
<u>3-501.13</u>	<u>Observed fish thawing in bowl on countertop</u> <u>- must thaw in refrigerator or running water</u>	<u>1/03/19</u>	<u>BM</u>
<u>6-501.12A</u>	<u>Observed syrup leaking in floors with bugs & dead mouse</u> <u>- clean & sanitize</u>	<u>1/03/19</u>	<u>BM</u>
<u>6-501.11</u>	<u>Daylight present in rear loading door</u> <u>- repair or replace</u>	<u>NRI</u>	<u>BM</u>
<u>NRI - Next Routine Inspection</u>			

EDUCATION PROVIDED OR COMMENTS
Note: Next visit documentation for approved vendor for fish.

Person in Charge / Title: Bill Meador Date: 12-28-18
 Inspector: Christoph Plesh Telephone No. 573-888-9008 EPHS No. 1647
 Follow-up: Yes No
 Follow-up Date: