

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

TIME IN 1345			TIME OUT 1600		
PAGE	1	of	2		

WITH ANY TIM	NE INSPE NE LIMITS	CTION, OR SU S FOR CORRE	CH SHORTER PERI CTIONS SPECIFIED	OD OF TIME AS	S MAY B	E SPEC	CIFIED	IN WE	RITING BY	THE REGULA	LITIES WHICH MUST BE (TORY AUTHORITY, FAILL	ORREC JRE TO C	TED B	Y THE
MALDE	N CO	NAME: UNTRY (CLUB	OWNER: MALDEI	N CO	UNT					PERSON IN CHARGE TED JAQUES	:		
ADDRESS:	P.O. I	BOX 291	MALDEN IN	DUSTRIA	L DR	IVE					COUNTY: 069			
CITY/ZIP:	/IALD	EN, MO	3863	PHONE: 573-276-99	991		FAX	X:			P.H. PRIORITY :	н	м	L
ESTABLISHME BAKER RESTA	Υ	C. STOR		ENTER S	DELI UMMER	R F.P.		GROC	ERY STOR	RE IN:	STITUTION	BILE VE	NDOR	RS
PURPOSE Pre-ope	ning	Routine	☐ Follow-up	☐ Complaint		ther								
FROZEN DI Approved License No. N	☐ Dis		SEWAGE DISPO	SAL PRIVAT	E			SUPPI MUNI		NON-COM Date Samp		IVATE esults _		
Election (10.				RISK FA	ACTOR	S AND	INTE	RVEN	NTIONS					
Risk factors	are food p	preparation prac	tices and employee tall alth interventions a	pehaviors most o	commonl	ly report	ed to	the Cer	nters for Dis	sease Control a	and Prevention as contributi	ng factors	s in	
Compliance	oos outbr	D	emonstration of Know	vledge	CC			ompliane		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	tentially Hazardous Foods		CO	S R
-	OUT	Person in cha and performs	rge present, demons duties	trates knowledge	э,		IN	OUT	NID N/A	Proper cooki	ng, time and temperature			
	OUT	Managament	Employee Health				_	OUT	THE RESERVE OF THE PARTY OF THE		ating procedures for hot hol	ding		
	OUT	Proper use of	awareness; policy pro reporting, restriction	and exclusion			The second		N/O N/A		ng time and temperatures olding temperatures		+	_
OUT	N/O		Good Hygienic Pract tasting, drinking or to				IN	OL	N/O N/A		nolding temperatures marking and disposition		-	
OUT	N/O		from eyes, nose and						N/O N	Time as a pu	blic health control (procedu	res /		_
			nting Contamination	by Hands						records)	Consumer Advisory			-
OUT	N/O	Hands clean a	nd properly washed				IN	O	r N/A	Consumer ac undercooked	dvisory provided for raw or food			
OUT N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed									Highly Susceptible Populations					
	OUT		dwashing facilities su					OUT	N/O N/A		foods used, prohibited foods	s not	1	
			Approved Source							offered	Chemical			
	DUT		at proper temperatur		-			OU			es: approved and properly unces properly identified, store			
	N/A DUT								OUT	used				
IN OUT N/O		Required reco	condition, safe and ur rds available: shellsto		9		IN	OU	T N		ance with Approved Proced with approved Specialized F		-	
114 001 1470	J 1888	destruction	tection from Contam	nation		_	114			and HACCP	plan		<u></u>	
OUT	N/A		d and protected							each item indi	cates that item's status at the	ne time of	the	
IN CONT	N/A	Food-contact s	surfaces cleaned & s	anitized			insp	ection. IN = in	compliance	е	OUT = not in compliance			
IN OUT	N		tion of returned, previ and unsafe food	ously served,			N	I/A = no	ot applicable	Э	N/O = not observed			
					SOOD R									
IN OUT		Good Retail Pra	ctices are preventative Food and Water	re measures to	control th	e introd	uction	of path	nogens, che	emicals, and ph	nysical objects into foods.		000	
X		rized eggs used	where required		003	K	×	001	In-use ut	ensils: properly			cos	R
×	Water	and ice from app	proved source					×	Utensils, handled	equipment and	d linens: properly stored, dri	ed,	×	
×	Adogue		emperature Control				X		Single-us		ce articles: properly stored,	used		
x	Approv	ed thawing met	hods used	1			×			sed properly Utensils, Eq	uipment and Vending			
×	Thermo	ometers provide	d and accurate				×			nonfood-cont , constructed,	act surfaces cleanable, prop	perly		
		Fo	od Identification				×		Warewas	hing facilities:	installed, maintained, used;	test		
×	Food p		original container				×		Strips use Nonfood-	contact surfac	es clean			
×	Insects		of Food Contaminati nimals not present	on			X	-	Hot and o		sical Facilities lable; adequate pressure			
×		nination prevent	ed during food prepar	ration, storage	×		×				per backflow devices			
×	Persona	al cleanliness: c	lean outer clothing, h	air restraint,			×	*****	Sewage a	and wastewate	r properly disposed			
×		ails and jewelry cloths: properly	used and stored	1			×		Toilet fac	ilities: properly	constructed, supplied, clear	ned		
X			vashed before use	1/	1		×		Garbage/	refuse properly	y disposed; facilities maintai			
Person in Ch	arge /Tit	le:TFD .IA	OUES	1.1/2	1	1.0		1,	rilysical	Company of the Compan	02/22/2019			
Inspector:/	//	100	/	M Teler	hone	109	W	-	EPHS No] No	
	Muly	VEL		573	hone N 888-9	008			647	Follow	-up Date: 03/29/2019			
MO 580-1814 (9-13)	1	150	D	STRIBUTION: WHITE	OWNER	'S COPY			CANARY - FILE	E COPY				E6.37



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

TIME IN 1345 TIME OUT 1600

PAGE 2 of 2

MALDE	N COUNTRY CLUB	P.O. BOX 291 M	IALDEN INDUSTRIAL N	TY/ZIP IALDEN, MO 638	63	
F	OOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LC	CATION	TEMP.	in ° F
	KENMORE FRONT	39	ATOR	40		
WH	IIRLPOOL CHEST FREEZER	5	RS (NORTH)	40		
SLICE	D TOMATOES/ PREP COOLER	40	R (SOUTH)	30		
DICED	TOMATOES/PREP COOLER	39				
L	ETTUCE/PREP COOLER	38				
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	Correct by (date)	Initial			
3-501.17	COLESLAW NOT DATED IN COO	LER			cos	
3-603.11	REPEAT: NO COSUMER ADVISO	RY POSTED FOR COOK T	TO ORDER RAW ANIMAL FOODS		COP	02/25/1
4-501.12	CUTTING BOARD HEAVILY SCAR	R, REPAIR OR REPLACE			COP	02/25/1
Code Reference	Core items relate to general sanitation, of standard operating procedures (SSOPs) DISHES NOT STORED PROPE	. These items are to be corre	structures, equipment design, general nected by the next regular inspection o	naintenance or sanitation r as stated.	Correct by (date)	Initial
5-301.11	NO EMPLOYEE HAND WASHII	NG SIGNAGE IN EITHE	R RESTROOM		COP	03/29/1
COP	CORRECTION IN PROGESS					
OS	CORRECTED ONSITE					
		10	/IDED OR COMMENTS			
Person in Ch	narge /Title: TED JAQUES/	NR NEX (RC	DUT NE INSPCTION	Date: 02/22/201	0	
	JED JAQUES/	[ex]]	agua EDUCALO			
nspector: MO 580-1814 (9-13)	hutch Dlet	Telephone No. 573-888-90		Follow-up: Follow-up Date: 03/2		No E6.37A