



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

TIME IN 1330 TIME OUT 1530
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: **L-3 Uptown Skate LLC** OWNER: **Daniel Vancil** PERSON IN CHARGE: **Daniel Vancil**
 ADDRESS: **104 West Grand** COUNTY: **Dunklin**
 CITY/ZIP: **Campbell, 63933** PHONE: **573-576-2055** FAX: 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"/>	Person in charge present, demonstrates knowledge, and performs duties			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Employee Health			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Management awareness; policy present			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Proper use of reporting, restriction and exclusion			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Basic Hygiene Practices			<input checked="" type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Proper eating, testing, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Preventing Contamination by Hands			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Hands clean and properly washed			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						
<input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Approved Source			<input checked="" type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
IN	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Food obtained from approved source			<input checked="" type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Food received at proper temperature			<input checked="" type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
IN	OUT	<input checked="" type="checkbox"/>	N/A	IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Protection from Contamination						
<input checked="" type="checkbox"/>	Food separated and protected						
<input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
IN	OUT	<input checked="" type="checkbox"/>	N/A				
<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
 N/A = not applicable
 OUT = not in compliance
 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
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		Food temperature control			X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used					Utensils, Equipment and Linens		
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food identification			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled; original container			X		Nonfood-contact surfaces clean		
X		Prevention of Food Contamination					Physical Facilities		
X		Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
X		Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Sewage and wastewater properly disposed		
X		Wiping cloths: properly used and stored			X		Toilet facilities: properly constructed, supplied, cleaned		
X		Fruits and vegetables washed before use			X		Garbage/refuse properly disposed; facilities maintained		
X					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Daniel Vancil** Date: **07/17/2020**
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: _____

