



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

TIME IN 1000 TIME OUT 1200  
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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: **MONAS DINER** OWNER: **TWYLA ROBERTSON** PERSON IN CHARGE: **TWYLA ROBERTSON**  
ADDRESS: **800 S MADISON STREET** COUNTY: **069**  
CITY/ZIP: **MALDEN, MO 63863** PHONE: **573-276-2797** 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	Personnel	Food	COS	R	Compliance	Chemicals	COS	R	
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties			IN	OUT	N/A	Proper cooking, time and temperature	
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present			IN	OUT	N/A	Proper reheating procedures for hot holding	
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion			IN	OUT	N/A	Proper cooling time and temperatures	
<input checked="" type="checkbox"/>	OUT	Proper eating, tasting, drinking or tobacco use			OUT	N/O	N/A	Proper hot holding temperatures	
<input checked="" type="checkbox"/>	OUT	No discharge from eyes, nose and mouth			OUT	N/O	N/A	Proper cold holding temperatures	
<input checked="" type="checkbox"/>	OUT	Hands clean and properly washed			OUT	N/O	N/A	Proper date marking and disposition	
<input checked="" type="checkbox"/>	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN	OUT	N/A	Time as a public health control (procedures / records)	
<input checked="" type="checkbox"/>	OUT	Adequate handwashing facilities supplied & accessible			OUT	N/A		Consumer advisory provided for raw or undercooked food	
<input checked="" type="checkbox"/>	OUT	Food obtained from approved source			OUT	N/A		Pasteurized foods used, prohibited foods not offered	
<input checked="" type="checkbox"/>	OUT	Food received at proper temperature			IN	OUT	N/A	Food additives: approved and properly used	
<input checked="" type="checkbox"/>	OUT	Food in good condition, safe and unadulterated			IN	OUT	N/A	Toxic substances properly identified, stored and used	
<input checked="" type="checkbox"/>	OUT	Required records available: shellstock tags, parasite destruction			IN	OUT	N/A	Compliance with approved Specialized Process and HACCP plan	
<input checked="" type="checkbox"/>	OUT	Food separated and protected							
<input checked="" type="checkbox"/>	OUT	Food-contact surfaces cleaned & sanitized							
<input checked="" type="checkbox"/>	OUT	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"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Approved thawing methods used			<input checked="" type="checkbox"/>		Gloves used properly		
<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"/>		Food properly labeled; original container			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Hot and cold water available: adequate pressure		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
					<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: **TWYLA ROBERTSON** *Twyla Robertson* Date: **03/11/2022**  
Inspector: *Cheryl D. Hill* Telephone No. **573-688-9008** EPHS No. **1647** Follow-up:  Yes  No  
Follow-up Date: \_\_\_\_\_



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ESTABLISHMENT NAME MONAS DINER		ADDRESS 800 S MADISON STREET		CITY / ZIP MALDEN, MO 63863		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
			True		37	
Kenmore		-5	Kenmore		-10	
			Kitna		-5	
			Kenmore		33	
			Whirlpool chest freezer		-8	
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.				Corrected by (date)	Initial
7-202.12	Raid hornet spray in kitchen, pesticides shall be approved for food establishments				COS	<i>[Signature]</i>
4-601.11A	Crockpots next to 3 vat sink soiled with food and debris, wash rinse and sanitize				COS	<i>[Signature]</i>
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.				Corrected by (date)	Initial
6-501.11	Repeat: WATER DAMAGED WALL AND CEILING IN LOADING DOCK AREA, DAYLIGHT SHOWING, REPA				NRI	<i>[Signature]</i>
5-205.11B	Bucket laying in handsink, sink is for handwashing only				COS	<i>[Signature]</i>
4-601.11C	Shelving soiled below microwave, wash rinse and sanitize				CIP	<i>[Signature]</i>
4-601.11C	Fan next to 3 vat sink soiled with dust, clean				COS	<i>[Signature]</i>
4-601.11C	Under fryers and walls next to soiled with grease, clean				CIP	<i>[Signature]</i>
COS	CORRECTED ONSITE					
NRI	NEXT ROUTINE INSPECTION					
CIP	Correction in progress					

EDUCATION PROVIDED OR COMMENTS

NRI= NEXT ROUTINE INSPECTION

Person in Charge /Title: TWYLA ROBERTSON <i>Twyla Robertson</i>	Date: 03/11/2022
Inspector: <i>Christopher D. Hill</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No. 573-888-9008	EPHS No. 1647
Follow-up Date:	