



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

TIME IN 900 TIME OUT 1100  
 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: MO202 OWNER: Sardar Aman/USA Investments PERSON IN CHARGE: Sandy Bloniarz, MGR  
 ADDRESS: HWY J AND 25 COUNTY: 069  
 CITY/ZIP: MALDEN, MO 63863 PHONE: 573-276-3314 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  
 License No. NA 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	CCS	R	Compliance	Generally Hazardous Foods	CCS	R
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooking, time and temperature		
<input checked="" type="checkbox"/>	OUT	Management awareness, policy present			IN OUT N/O <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	OUT	N/A			IN OUT N/O <input checked="" type="checkbox"/>	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O			IN OUT N/O <input checked="" type="checkbox"/>	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O			IN OUT N/O <input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	N/O			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	OUT	N/O			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	OUT	N/O			IN OUT N/O <input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	OUT	N/A			IN OUT <input checked="" type="checkbox"/>	Food additives: approved and properly used		
<input checked="" type="checkbox"/>	OUT	N/A			IN OUT N/O <input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT	N/A			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		

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	CCS	R	IN	OUT	CCS	R
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Person in Charge / Title: Sandy Bloniarz, MGR Date: 04/22/2022

Inspector: [Signature] Telephone No. 573-888-9008 EPHS No. 1647 Follow-up:  Yes  No Follow-up Date:



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PAGE **2**      of **2**

ESTABLISHMENT NAME <b>MO202</b>		ADDRESS <b>HWY J AND 25</b>		CITY / ZIP <b>MALDEN, MO 63863</b>	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Pepsi Cooler		38			
RIPIT COOLER		37			
WALK IN COOLER		39			

**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.**

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial

**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.**

Code Reference	CORE ITEMS	Correct by (date)	Initial

**EDUCATION PROVIDED OR COMMENTS:**

Person in Charge / Title: <b>Sandy Bloniarz, MGR</b> <i>Sandy Bloniarz</i>			Date: <b>04/22/2022</b>
Inspector: <i>Charles D. ...</i>	Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:			