



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

TIME IN 1100	TIME OUT 1200
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: Glennonville Bar	OWNER: Glennonville Bar & Grill, LLC	PERSON IN CHARGE: Zac Bader
ADDRESS: Rt 1 Box 373 (Glennonville)		COUNTY: Dunklin
CITY/ZIP: Campbell, MO 63933	PHONE:	FAX:
P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L		

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 type="checkbox"/> MOBILE VENDORS
	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> SUMMER F.P.	<input checked="" type="checkbox"/> TAVERN	<input type="checkbox"/> TEMP. FOOD	

PURPOSE
 Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE
License No. _____	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	Compliance	Compliance	Compliance	Compliance	Compliance
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties	IN	OUT	<input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature
<input checked="" type="checkbox"/> OUT	Management awareness; policy present	IN	OUT	<input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion	IN	OUT	<input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	IN	OUT	<input checked="" type="checkbox"/> N/A	Proper hot holding temperatures
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth	IN	OUT	<input checked="" type="checkbox"/> N/A	Proper cold holding temperatures
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed	IN	OUT	<input checked="" type="checkbox"/> N/A	Proper date marking and disposition
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible	IN	OUT	<input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)
<input checked="" type="checkbox"/> OUT	Food obtained from approved source	IN	OUT	<input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food
<input checked="" type="checkbox"/> OUT	Food received at proper temperature	IN	OUT	<input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	IN	OUT	<input checked="" type="checkbox"/> N/A	Food additives: approved and properly used
<input checked="" type="checkbox"/> OUT	Required records available. shellstock tags, parasite destruction	IN	OUT	<input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored and used
<input checked="" type="checkbox"/> OUT	Food separated and protected	IN	OUT	<input checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan
<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				

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Compliance	Compliance	Compliance	Compliance
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate equipment for temperature control	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves used properly
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fruits and vegetables washed before use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean

Person in Charge / Title: Zac Bader	Date: 08/09/2022
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008
EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____

