



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

TIME IN 930	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: Great River Chinese Restaurant		OWNER: Fang Yang & Wei Lin		PERSON IN CHARGE: Same	
ADDRESS: 1124 N Douglass				COUNTY: Dunklin	
CITY/ZIP: Malden, MO 63863		PHONE: 573-276-6106		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 checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD					
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input 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	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN <input checked="" type="checkbox"/>	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			IN <input checked="" type="checkbox"/> N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN <input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Food additives: approved and properly used		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination			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			
IN <input checked="" type="checkbox"/>	Food separated and protected						
IN <input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	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	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		
		Food Temperature Control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
	<input checked="" type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Gloves used properly		
	<input checked="" type="checkbox"/>	Approved thawing methods used					Utensils, Equipment and Vending		
	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Food properly labeled; original container			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display	<input checked="" type="checkbox"/>				Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Same			Date: 02/08/2023		
Inspector: <i>[Signature]</i>		Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				Follow-up Date: 2/28/23	



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PAGE of 2

ESTABLISHMENT NAME		ADDRESS		CITY/ZIP	
Great River Chinese Restaurant		1124 N Douglass		Malden, MO 63863	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Walk in Cooler		38	Double Door Freezer		6
Walk in Freezer		5			
Turbo Air		39			
Whole Eggs/Prep Cooler		35			
Pork/Prep Cooler		37			
Code Reference	PRIORITY ITEMS			Correct by (date)	Initial
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.					
3-302.11	Raw shell eggs above ready to eat food (Lettuce) in walk in cooler			2/28/23	WL
3-501.17	cooked egg rolls in m3 cooler not dated, ready to eat food shall be dated with 7 day discard date			2/28/23	WL
4-703.11	Dishwasher showing 0 parts per million on sanitizer, must use 3 vat for sanitizing until dishwasher has been fixed			2/28/23	WL
4-601.11A	Vent hood soiled with grease and debris, clean			2/28/23	WL
4-601.11a	Multiple knives placed between the edges of two coolers soiled with food and debris			2/28/23	WL
4-601.11A	Microwave soiled with food and debris, clean			2/28/23	WL
4-601.11A	Floor stand mixer in rear stock room soiled with food			2/28/23	WL
CORE ITEMS BELOW					
3-304.14	Wiping cloths not placed in sanitizer			2/28/23	WL
4-601.11C	M3 turbo freezer in rear stock room soiled with food and debris			2/28/23	WL
6-501.11	Ceiling tiles above walk in freezer have water damage, repair			2/28/23	WL
4-601.11C	Shelving in rear stock room soiled with food and debris			2/28/23	WL
6-201.11	Walls next to mop sink soiled with debris, clean			2/28/23	WL
4-601.11C	Dishwasher top and sides soiled with debris, clean			2/28/23	WL
4-601.11A	Shelving below can opener is rusted into pieces, surface shall be smooth and easily cleanable			2/28/23	WL
3-501.13	Improper thawing of chicken in tub of standing water, must use approved application for thawing			2/28/23	WL
Code Reference	CORE ITEMS			Correct by (date)	Initial
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.					
4-601.11C	Multiple tears and torn fabric on seating in dining area, repair or replace			2/28/23	WL
4-601.11C	Repeat: Floors soiled below soda syrup racks, wash rinse and sanitize			2/28/23	WL
5-205.11B	Repeat: Handsink blocked with dishes			2/28/23	WL
4-501.11	Repeat: Walk in Freezer door seal torn and damaged, repair or replace			2/28/23	WL
3-303.12	Repeat: Walk in Freezer has heavy ice build up, creating the potential for contamination of food, repair			2/28/23	WL
6-501.114	Repeat: Unnecessary items and clutter in sushi bar area			2/28/23	WL
6-501.12A	Repeat Shelving, floors and equipment soiled with food and debris in sushi area,			2/28/23	WL
4-204.112	No thermometer in m3 cooler			2/28/23	WL
6-501.18	Handsink dirty in kitchen			2/28/23	WL
4-601.11C	Paper towel dispenser soiled with food and debris, clean			2/28/23	WL
4-601.11C	Shelving below prep table soiled with food and debris			2/28/23	WL
6-201.11	Walls and floors soiled with grease and debris behind equipment			2/28/23	WL
4-601.11C	Multiple containers storing spices above prep table soiled with food, clean			2/28/23	WL
4-904.11	Single serve on top shelf of prep table has food contact surfaces facing ceiling, invert to protect			2/28/23	WL
6-201.11	Walls above prep cooler soiled with food and debris			2/28/23	WL
4-204.112	No thermometer in prep cooler			2/28/23	WL
4-601.11C	Shelving in walk in cooler soiled with food, clean			2/28/23	WL
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: Same <i>Wei Lin</i>				Date: 02/08/2023	
Inspector: <i>Christopher D. P. H.</i>	Telephone No. 573-888-9008		EPHS No. 1647		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				Follow-up Date: 2/28/23	