



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: JONES DRIVE IN		OWNER: JOHN JONES	PERSON IN CHARGE: DIANA WILSON	
ADDRESS: 1709 N DOUGLASS			COUNTY: 069	
CITY/ZIP: MALDEN, MO63863		PHONE: 573-276-4274	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 checked="" 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 Date Sampled _____ Results _____
License No. 069-19960				

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"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Person in charge present, demonstrates knowledge, and performs duties				Proper cooking, time and temperature			
Employee Health				IN	OUT	N/O	N/A
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Management awareness; policy present				Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Proper use of reporting, restriction and exclusion				Proper cooling time and temperatures			
Good Hygienic Practices				<input checked="" type="checkbox"/>	OUT N/A		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O N/A		
Proper eating, testing, drinking or tobacco use				Proper hot holding temperatures			
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/A		
No discharge from eyes, nose and mouth				Proper cold holding temperatures			
Preventing Contamination by Hands				<input checked="" type="checkbox"/>	OUT N/A		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/A		
Hands clean and properly washed				Consumer advisory provided for raw or undercooked food			
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/A		
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations			
IN	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/A		
Adequate handwashing facilities supplied & accessible				Pasteurized foods used, prohibited foods not offered			
Approved Source				<input checked="" type="checkbox"/>	OUT N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT		
Food obtained from approved source				Food additives: approved and properly used			
IN	OUT	N/O		<input checked="" type="checkbox"/>	OUT		
Food received at proper temperature				Toxic substances properly identified, stored and used			
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT		
Food in good condition, safe and unadulterated				Compliance with Approved Procedures			
IN	OUT	N/O		<input checked="" type="checkbox"/>	OUT		
Required records available: shellstock tags, parasite destruction				Compliance with approved Specialized Process and HACCP plan			
Prevention of 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			
<input checked="" type="checkbox"/>	OUT	N/A					
Food separated and protected							
<input checked="" type="checkbox"/>	OUT	N/A					
<input checked="" type="checkbox"/>	OUT	N/A		Food-contact surfaces cleaned & sanitized			
IN	OUT	N/O		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
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		
		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 Warehousing		
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled; original container			X		Nonfood-contact surfaces clean		
		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		Physical facilities installed, maintained, and clean		

Person in Charge / Title: DIANA WILSON <i>Diana Wilson</i>		Date: 06/08/2020	
Inspector: <i>Chad...</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 12/08/2020



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ESTABLISHMENT NAME JONES DRIVE IN		ADDRESS 1709 N DOUGLASS		CITY/ZIP MALDEN, MO63863	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
DELI PREP COOLER		37			
COUNTER TOP ICE BOX		35	True 2 Door		37
Midea Freezer		-10			
Kenmore Freezer		-5			

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.	Correct by (date)	Initial
5-403.11	Mop water not being dumped into dedicated sink	12/8/20	DW

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
5-205.11A	Hand sink blocked with multiple items in sink basin	12/8/20	DW
4-302.14	No test kit for sanitizer	12/8/20	DW
5-20515	Hand sink not draining, must maintain in good repair	12/08/20	DW
NRI	Next Routine Inspection		

EDUCATION PROVIDED FOR COMMENTS

Person in Charge / Title: **DIANA WILSON** *Diana Wilson* Date: **06/08/2020**

Inspector: *Chad...* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No Follow-up Date: **12/08/2020**