



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

TIME IN 11:30	TIME OUT 1:15 PM
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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: CHUNKY BOYS BBQ	OWNER: GARY CLINTON	PERSON IN CHARGE: GARY
ADDRESS: 122 W RICHARDSON	COUNTY: STODDARD	
CITY/ZIP: Puxico 63960	PHONE: 222-3113	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 checked="" type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> TEMP. FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> MOBILE VENDORS

PURPOSE

<input type="checkbox"/> Pre-opening	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint	<input type="checkbox"/> Other
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FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____
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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"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature						
Employee Health											
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures						
Good Hygienic Practices											
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper hot holding temperatures						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures						
Preventing Contamination by Hands											
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking and disposition						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Consumer Advisory						
Approved Source											
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Highly Susceptible Populations						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Chemical						
Protection from Contamination											
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Conformance with Approved Procedures						
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"/>		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"/>		Utensils, Equipment and Vending			
Food Identification											
<input checked="" type="checkbox"/>		Food properly labeled; original container				<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
Prevention of Food Contamination											
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present				<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>		Physical Facilities			
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices			
						<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed			
						<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: **[Signature]** Date: **11/7/18**

Inspector: **WILLIAM A. BRANDEC** Telephone No. **573-528 4593** EPHS No. **1582**

Follow-up: Yes No
Follow-up Date: **12-12-18**



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TIME IN: 11:50 AM TIME OUT: 1:15 PM
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ESTABLISHMENT NAME CHUNKY BOYS BBQ		ADDRESS 122 W RICHARDSON		CITY Paxico	ZIP 63960
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
FRYER PREP TABLE - NOT HERE					
LG PREP TABLE - 38°		38°			
SANDWICH PREP - 38		38°			

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
3-101.11	3 DENTED LARGE CANS OF TOMATO PRODUCT - COS - WATCH FOR & EDUCATE ON DENTED CANS		
5-202.13	NO AIR GAP INSTALLED ON CENTER ISLAND PLUMBING - - INSTALL AIR GAP		
 			

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.	Correct by (date)	Initial
4-501.11	MULTIPLE DOOR SEALS ON FREEZERS (2) TORN & BROKEN - REPLACE SEALS ON DOORS		
4-204.112	THERMOMETER MISSING FROM SMALL BLACK REF FRYER PREP TABLE - GET 4-5 THERMOMETERS - MUST BE IN COLD HOLD UNITS		
6-501.11	FLOOR IN OLD KITCHEN (STILL IN USE) TORN BROKEN CEILING IN OLD KITCHEN HAS HOLES - REPAIR/REPLACE		
 			

EDUCATION PROVIDED OR COMMENTS
 - DISCUSSED HEPA SLOTS FOR STAFF THROUGH SCFHC
 - DISCUSSED DENTED CANS

Person in Charge / Title: *[Signature]* Date: 11/07/18
 Inspector: **William A. Brandel** Telephone No. **573-568-4593** EPHS No. Follow-up: Yes No
 Follow-up Date: 12-12-18