



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

| | |
|--------------------|---------------------|
| TIME IN 9:00 AM | TIME OUT 9:30 AM |
| PAGE 1 of 1 | |

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: DEXTER BBQ | | OWNER: BRUCE VANCE | | PERSON IN CHARGE: JEREMY HUNT | |
| ADDRESS: 1411 W BUSCO | | | | COUNTY: STODDARD | |
| CITY/ZIP: DEXTER 63841 | | PHONE: 573-624-2621 | | 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 checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | | | | |
| FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____ | | 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 _____ | |

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 | Person in charge present, demonstrates knowledge, and performs duties | | | IN | Proper cooking, time and temperature | | |
| Employee Health | | | | | | | |
| IN | Management awareness; policy present | | | IN | Proper reheating procedures for hot holding | | |
| IN | Proper use of reporting, restriction and exclusion | | | IN | Proper cooling time and temperatures | | |
| Good Hygienic Practices | | | | | | | |
| IN | Proper eating, tasting, drinking or tobacco use | | | IN | Proper hot holding temperatures | | |
| IN | No discharge from eyes, nose and mouth | | | IN | Proper cold holding temperatures | | |
| Preventing Contamination by Hands | | | | | | | |
| IN | Hands clean and properly washed | | | IN | Proper date marking and disposition | | |
| IN | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | IN | Time as a public health control (procedures / records) | | |
| IN | Adequate handwashing facilities supplied & accessible | | | IN | Consumer Advisory | | |
| Approved Source | | | | | | | |
| IN | Food obtained from approved source | | | IN | Consumer advisory provided for raw or undercooked food | | |
| IN | Food received at proper temperature | | | IN | Highly Susceptible Populations | | |
| IN | Food in good condition, safe and unadulterated | | | IN | Pasteurized foods used, prohibited foods not offered | | |
| IN | Required records available: shellstock tags, parasite destruction | | | IN | Chemical | | |
| Protection from Contamination | | | | | | | |
| IN | Food separated and protected | | | IN | Food additives: approved and properly used | | |
| IN | Food-contact surfaces cleaned & sanitized | | | IN | Toxic substances properly identified, stored and used | | |
| IN | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | IN | Conformance with Approved Procedures | | |
| | | | | 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 COS = Corrected On Site R = Repeat Item | | | |

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

| | | | | | |
|--|--|------------------------|--|--------------------------|--|
| Person in Charge / Title: | | | | Date: 8/29/17 | |
| Inspector: William A. Brennan | | Telephone No. 568-4393 | | EPHS No. 1582 | |
| Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Follow-up Date: N/A 2018 | |