



**SANITATION OBSERVATION**

ESTABLISHMENT NAME <b>PEKING</b>			
TELEPHONE NUMBER ( ) ( )		FAX NUMBER ( ) ( )	
MAILING ADDRESS <b>1622 W BUS 60</b>	CITY <b>DEXTER</b>	STATE <b>MO</b>	ZIP CODE <b>63841</b>
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE

DURING AN INSPECTION AND/OR EVALUATION OF YOUR PEKING THE FOLLOWING CONDITIONS WERE OBSERVED AND MUST BE CORRECTED:

WILLIAM BRADDEL AND PAUL CATES MET WITH SANDY LIN, OWNER OF PEKING DEXTER AT 9AM ON 06-01-2017.  
WILLIAM BRADDEL WENT OVER THE INSPECTION REPORTS FROM INSPECTION ON 5-31-2017.  
SANDY LIN ASKED FOR MORE TIME TO ADDRESS THE PRIORITY ITEM LISTED.

On exam of the kitchen before opening found potentially-hazardous foods sitting on the stove, live cockroaches crawling around the kitchen, live flies throughout, and multiple opened and uncovered foods. The kitchen hand sink was blocked with a rice cooker and clogged when used. Ms. Lin refused the offer to close voluntarily and stated she could correct the most critical items within 24 hours. She discarded the unrefrigerated potentially hazardous foods and agreed to cease use of the RAIDANT AND ROACH spray.  
Ms. Lin was told that we would return 6/2/2017 and evaluate her corrections. Further action would be determined at that time. She was told that failure to make step towards compliance would result in action on our part to close the establishment

INSPECTED BY <i>[Signature]</i> 06-01-17 / <i>[Signature]</i>		EPHS NUMBER <b>1582 / 1453</b>	
AGENCY NAME <b>STODARD COUNTY HEALTH DEPT</b>	TELEPHONE NUMBER <b>568-4593</b>	FAX NUMBER	
AGENCY ADDRESS	CITY	STATE	ZIP CODE
RECEIVED BY <i>[Signature]</i>		DATE <b>6-17</b>	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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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: <b>YEKING</b>	OWNER:	PERSON IN CHARGE: <b>SANDY</b>
ADDRESS: <b>1622 W BUS 60</b>	CITY/ZIP: <b>DEXTER 63841</b>	COUNTY: <b>STODDARD</b>
PHONE: <b>624-6888</b>	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"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		
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 <input checked="" 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
<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 N/O N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O N/A	Proper cooling time and temperatures		
<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 N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O N/A	Food received at proper temperature			<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	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	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 COS = Corrected On Site      R = Repeat Item		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food separated and protected		X				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized		X				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> 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
/		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		X
		Food Temperature Control				X	Single-use/single-service articles: properly stored, used		X
/		Adequate equipment for temperature control					Gloves used properly		
/		Approved thawing methods used					Utensils, Equipment and Vending		
/		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		X	Nonfood-contact surfaces clean		X
		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		
/		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				/	Sewage and wastewater properly disposed		
/		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
						X	Physical facilities installed, maintained, and clean		X

Person in Charge/Title: <b>WILLIAM A. BRANDELL</b>	Date: <b>6-2-17</b>
Inspector: <b>WILLIAM A. BRANDELL</b>	Telephone No. <b>568 4593</b>
EPHS No. <b>1582</b>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: <b>6-2-17</b>



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TIME IN: 11:15am  
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ESTABLISHMENT NAME <b>PEKING</b>	ADDRESS <b>1622 W BUS 60</b>	CITY <b>DEXTER</b>	ZIP <b>63841</b>
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.
COLD PREP TABLE ITEMS #	50°		
WALK IN COOLER	39°		
WALK IN FREEZER	-5		
SMALL GLASS FRIDGE	40°		

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
6-501. III	LIVE ROACHES OBSERVED THROUGHOUT KITCHEN AREA, STORAGE ROOMS	6/2/17	
6-501. III	NUMEROUS FLIES OBSERVED IN KITCHEN, LANDING ON FOOD CONTACT SURFACES, OPEN BULK BINS PRODUCT AND UTENSILS	6/2/17	
4-601. IIA	COLD PREP TABLE AND STORAGE BINS FOOD COVERED AND OBSERVED	6/2/17	
6-501. III	A ROACH ON BACK EDGE OF BIN CONTAINER ON THE FOOD DEBRIT - CLEAN		
3-501. 16 A2	COLD PREP STORAGE AT 50°, NOT HOLDING 41° - KEEP CLOSED, OR ADJUST THERMOSTAT	6/2/17	
4-601. IIA	VENT HOOD HAS ACCUMULATED GREASE, DRIPPING ONTO FOOD CONTACT SURFACES, DUST + GREASE BUILD UP - CLEAN - CLEAN	6/2/17	
4-601. IIA	CAN OPENER AND HOUSING FOOD ENCRUSTED - CLEAN	6/2/17	
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
3-302. 11	BULK DRY PRODUCT BINS NOT MARKED FOR CONTENTS	6/2/17	
3-304. 12	BULK PRODUCT UTENSILS NOT STORED HANDLE UP		
3-302. 11 A4	BULK DRY PRODUCT NOT COVERED TO PROTECT FROM CONTAMINATION - FLIES -		
6-501. 12 A	BULK SODA SYRUP CONTAINERS LAYING ON FLOOR - CLEAN OFTEN AS NECESSARY TO KEEP CLEAN		
6-501. 12 A	ENTIRE KITCHEN FLOOR, BEHIND AND UNDER ALL KITCHEN COOKING AREAS, WALLS FOOD/GREASE/DEBRIT COVERED - CLEAN OFTEN AS NECESSARY TO KEEP CLEAN		
6-501. 12 A	ALL COOKING UTENSILS, DEEP FRIER, GAS GRILL GREASE ENCRUSTED AND FOOD DEBRIT - CLEAN TO SIGHT & TOUCH		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: \_\_\_\_\_ Date: 6/17

Inspector: **William A. Brandec** Telephone No. **568-4593** EPHS No. **1582**

Follow-up:  Yes  No Follow-up Date: **6-2-17**



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ESTABLISHMENT NAME <b>PEKING</b>		ADDRESS <b>1622 W BUSGO</b>		CITY <b>DEXTER</b>	ZIP <b>63841</b>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
/		/	/		
/		/	/		
/		/	/		

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.			
4-601.11A	MICROWAVE DIRTY & FOOD ENCRUSTED INSIDE & OUTSIDE - CLEAN DAILY	6/2/17	[Signature]
4-101.11	MULTIPLE BINS/TOTES OF SHREDDED CABBAGE STORED IN NON-FOOD GRADE CONTAINERS - USE FOOD GRADE CONTAINERS ONLY	6/2/17	[Signature]
3-302.11	RAW FISH, SQUID STORED OVER EGG ROLL WRAPPERS IN WALK IN COOLER	6/2/17	[Signature]
3-302.11	RAW FROZEN BEEF/CHICKEN STORED OVER READY TO EAT PRODUCT IN FREEZER	6/2/17	[Signature]
4-601.11A	ICE MAKER HAS MOLD ON BAFFLE, DIRTY & BUILDUP ON OUTSIDE. - CLEAN - SANITIZE	6/2/17	[Signature]
4-601.11A	COOKING PANS AND POTS ARE FOOD ENCRUSTED - MUST BE CLEAN TO SIGHT & TOUCH	6/2/17	[Signature]

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.			
3-302.11A4	FOOD IN COOLER, PREP TABLE CABINET NOT COVERED TO PREVENT CONTAMINATION	6/5/17	[Signature]
3-302.12	FOOD RTE NOT DATE MARKED IN WALK IN COOLER OR REFRIGERATOR	6/5/17	[Signature]
3-305.11	FOOD BINS, BOXES STACKED ON FLOOR IN WALK IN COOLER AND FREEZER	6/5/17	[Signature]
4-605.11C	WALK IN COOLER FLOOR DIRTY WITH FOOD AND DEBRIT - CLEAN	6/5/17	[Signature]
4-904.11	SINGLE SERVE TRAYS, AND CUP STORED FACE UP - NOT INVERTED	6/5/17	[Signature]
6-501.12	SHELVES UNDER PREP TABLES FOOD/DEBRIT ENCRUSTED - CLEAN	6/5/17	[Signature]

EDUCATION PROVIDED OR COMMENTS  
 6-501.14A - BATHROOM VENTS DUST ENCRUSTED - CLEAN [Signature]

Person in Charge / Title: \_\_\_\_\_ Date: 6-17

Inspector: **WILLIAM A. BRANDEL** Telephone No. **568 4593** EPHS No. **1582** Follow-up:  Yes  No  
 Follow-up Date: **6-2-17**