



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

TIME IN 2:15	TIME OUT 3:00
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: THE MEAT SHOP	OWNER: RUSS OLIVER	PERSON IN CHARGE: JAMES FOSS
ADDRESS: 10415 ST. HWY 25	CITY/ZIP: DEXTER	COUNTY: STODDARD
PHONE: 373891-2020	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 checked="" type="checkbox"/> GROCERY STORE	<input type="checkbox"/> INSTITUTION
<input 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 checked="" 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 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 _____
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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
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health						
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper cooling time and temperatures		
	Good Hygienic Practices						
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper hot holding temperatures		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Proper cold holding temperatures		
	Preventing Contamination by Hands						
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Proper date marking and disposition		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)		
IN OUT	Adequate handwashing facilities supplied & accessible				Consumer Advisory		
	Approved Source				Consumer advisory provided for raw or undercooked food		
IN OUT	Food obtained from approved source			IN OUT N/A	Highly Susceptible Populations		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Pasteurized foods used, prohibited foods not offered		
	Protection from Contamination				Chemical		
IN OUT	Food in good condition, safe and unadulterated			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Toxic substances properly identified, stored and used		
	Approved Source				Conformance with Approved Procedures		
IN OUT	Food separated and protected			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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					Single-use/single-service articles: properly stored, used		
/		Adequate equipment for temperature control			/		Gloves used properly		
/		Approved thawing methods used					Utensils, Equipment and Vending		
/		Thermometers provided and accurate			/		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
/		Food properly labeled; original container			/		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
/		Insects, rodents, and animals not present			/		Hot and cold water available; adequate pressure		
/		Contamination prevented during food preparation, storage and display			/		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			/		Toilet facilities: properly constructed, supplied, cleaned		
/		Fruits and vegetables washed before use			/		Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: James Foss APPROVED TO OPEN	Date: 4/14/12			
Inspector: WILLIAM A. BRADLEY	Telephone No. 568-4593	EPHS No. 1532	Follow-up: Follow-up Date: N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
 P.O. BOX 570, JEFFERSON CITY, MO 65102-0570, (573) 751-6095
SANITATION OBSERVATION

- Food
- Lodging
- Onsite Wastewater
- Child care
- Other

ESTABLISHMENT NAME THE MEAT SHOP		FACILITY REPRESENTATIVE OR CONTACT AND TITLE Russ Oliver	
TELEPHONE NUMBER		FAX NUMBER	
ADDRESS/LOCATION 10415 STATE HWY 25		CITY DEXTER MO	ZIP CODE 63841
PURPOSE: REVIEW TO GET READY FOR PRE-OPENING WSP			
06-8-18			
OBSERVATIONS/COMMENTS:			
PARTITIONS IN COOLER TO PREVENT CONT BETW FIE/RAW			
BATHROOM FINISH			
SPLASH SHIELD ON STAINLESS SLICER TABLE			
AIR GAP HAND WASH/3 VAT SINK - 1" GAP			
REPAIR COOLER DOOR HANDLE			
REPLACE FREEZER DOOR SEAL "TORN"			
THIS MOUNTED FORK W/I COOLER - MOUNT BY DOOR			
RECOMMEND SILICON FLOOR TO COUING, BOTTOM OF COOLER.			
MOP SINK (UTILITY SINK N SHORT LEGS TO DRAIN)			
MOP HANGER (OUTSIDE)			
SANITIZER TEST STRIPS			
ALL SINKS SEALED ON TOP (SILICON)			
DOOR SWEEP - FRONT DOOR (STOP DAYLIGHT)			
NAME WILLIAM A. BRADEN	TITLE ENVIR SPECIALIST	EPHS NUMBER 1582	
AGENCY NAME STODDARD CO PUBLIC HEALTH	TELEPHONE NUMBER 562-4593	FAX NUMBER	
AGENCY ADDRESS	CITY	ZIP CODE	
RECEIVED BY James Ross	DATE Meat Manager	PAGE OF	