



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

TIME IN: 1:25 PM TIME OUT: 2:58
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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: <u>TOSTIES</u>		OWNER: <u>JOHN & TOSTIES SIFFORD</u>	PERSON IN CHARGE: <u>SKYLA MARTIN</u>
ADDRESS: <u>1316657th Hwy 25 DEXTER MO</u>		COUNTY: <u>STEARNS</u>	
CITY/ZIP: <u>DEXTER 63841</u>	PHONE: <u>573 624 7880</u>	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" 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 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 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 COS = Corrected On Site R = Repeat Item			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
<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			/		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		

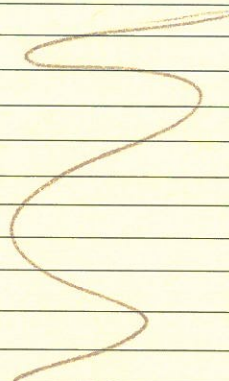
Person in Charge / Title: <u>Skyla Martin manager</u>	Date: <u>3-23-17</u>
Inspector: <u>William A. Brandel</u>	Telephone No. <u>573-528-4593</u>
EPHS No. <u>1582</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____



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ESTABLISHMENT NAME TOOTIES 225		ADDRESS 13166 STATEWAY 25		CITY DEXTER	ZIP
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
MONSTER COOLER		46°	RIB HOT HOLD		160°
ROCKSTAR COOLER		46°	ALTO SHAM HOT HOLD		140°
STARBUCKS COOLER		35°	JORDAN COOLER		36°
FOOD CASH HOLD		38°			
VOL RATH HOT HOLD		150°			

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
	NO PRIORITY ITEM OBSERVED DURING INSPECTION		
			

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
4-601.11C	NON FOOD CONTACT SURFACES PART NEEDS CLEANED - DOORS TO & FROM KITCHEN BUILDING - IN KITCHEN - LEGS & SHELF DIRTY ON PREP TABLE - IN KITCHEN - TABLE W CHIPPING PAINT NEEDS REPAIRED		
4-101.19	BATHROOM RAW WOOD NEEDS SEALED TO BE A SMOOTH CLEANABLE SURFACE		
6-501.114	UNNECESSARY ITEMS, OLD COOLER, OLD DISPLAY RACKS CONSTRUCTION MATERIALS NEED TO BE REMOVED		
4-204.112	NO TALK MONITORS EASILY VISIBLE IN SEVERAL DISPLAY COOLER - NEED TALK MONITORS		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Shyla Mathis Date: 3-23-17
 Inspector: William A. Brandel Telephone No. 573-568-4593 EPHS No. 1582
 Follow-up: Yes No
 Follow-up Date: _____