



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

TIME IN 11:25	TIME OUT 12:40
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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: AMERICAN STEAK HOUSE		OWNER: MCBRIDE		PERSON IN CHARGE: AMY TYLES	
ADDRESS: 1422 Bu 560				CITY/ZIP: DEATER 63841	
PHONE: 573-624-8840		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 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
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
Employee Health				Proper reheating procedures for hot holding			
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
Good Hygienic Practices				Proper cold holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				Consumer Advisory			
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source				Chemical			
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated			Conformance with Approved Procedures			
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN 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 OUT N/A	Food separated and protected			IN = in compliance OUT = not in compliance			
IN OUT N/A	Food-contact surfaces cleaned & sanitized			N/A = not applicable N/O = not observed			
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			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: Amy Tyles		Date: 12-5-17	
Inspector: William Brande	Telephone No. 568-4593	EPHS No. 1582	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: NRI





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TIME IN 11:05 AM	TIME OUT 12:00
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ESTABLISHMENT NAME AMERICAN STEAKHOUSE		ADDRESS 1422 BUS 60		CITY DEXTER	ZIP 63841
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
WALK IN COOLER		36°			
REACH IN COOLER		38°			
COLD SALAD BAR		40°			
HOT FOOD BAR - GREENS		141°			

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 PRIORITIES NOTED 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
3-602.11C	FOODS IN WALK IN COOLER AND IN REACH IN COOLER NOT INDIVIDUALLY DATED - DATE ALL FOOD REMOVED FROM ORIGINAL CONTAINERS		AP
3-302.11A4	BREADED CHICKEN PIECES STORED IN WALK IN COOLER UNCOVERED - COVERED IN PLASTIC OR FOIL TO PREVENT CONTAMINATION PRIOR TO COOKING		AP

EDUCATION PROVIDED OR COMMENTS			
Person in Charge / Title: * Amy [Signature]		Date: 12-5-17	
Inspector: WILLIAM BRANDELL	Telephone No. 568-4593	EPHS No. 1582	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: N/A