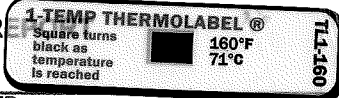




MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL REGULATION AND LICENSURE

FOOD ESTABLISHMENT INSPECTION REPORT



DATE 10/24/2017	Page 1 of 2
TIME IN 10:08 AM	TIME OUT 11:14 AM

ESTABLISHMENT NAME Applebees		OWNER Paradise & Heath Jr.		PERSON IN CHARGE Ashley Wells	
ADDRESS 511 South Bishop		ESTABLISHMENT LICENSE NO.		COUNTY Rolla	REGION I
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 308-1600	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY H
WATER SUPPLY Community Date Sampled: N/A Result: N/A			FROZEN DESSERT N/A Expires: N/A License Number: N/A		

ESTABLISHMENT TYPE							PURPOSE Routine
<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 type="checkbox"/> Mobile	
<input checked="" 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"/> Temporary		

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	37	Walk In Cooler	Pork Chop	31	8 Drawer Unit
Ambient Air	39	Walk In Cooler	Salsa	38	Mid Prep Unit
Bresheta	36	Broil Prep Unit	Diced Tomatoes	40	Fry Prep Unit
Mashed Potatoes	185	Hot Hold	Ambient Air	32	Traulsen 2 Door

PRIORITY ITEMS

CODE REF.	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	CORRECT BY
4-601.11(A)	Observed dirty knives stored on the clean knife magnetic strip. 4-601.1(A) Equipment, food-contact surfaces and utensils shall be kept clean and free of accumulated grease deposits, dust, dirt, food residue, and other debris.	Corrected On-site
3-302.11	Food uncovered throughout facility. 3-302.11 Food shall be protected from cross contamination.	Corrected On-site
3-501.17	Failure to properly date label all refrigerated, ready-to-eat potentially hazardous food in the bar area. 3-501.17 Ready-to-eat, potentially hazardous food prepared on the premise or commercially processed shall be date marked to show when the food was prepared, or opened, frozen, or thawed to indicate the date by which the food shall be consumed.	Corrected On-site

CORE ITEMS

CODE REF.	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.	CORRECT BY
5-205.11	The employee handsink is used for purposes other than hand washing. 5-205.11 A handwashing sink shall be maintained so that it is accessible at all times for employee use. A handwashing sink may not be used for purposes other than handwashing. An automatic handwashing facility shall be used in accordance with manufacturer's instructions.	Corrected On-site
4-901.11	Equipment and utensils not being air-dried. Observed Clean wares stacked before being allowed to air dry. 4-901.11 After equipment and utensils are cleaned and sanitized, they shall be air-dried. Dishes dried with a towel and not air-dried.	11/15/2017
6-501.11	Observed the seats to a couple booths to be in disrepair	11/15/2017



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TIME IN 10:08 AM	TIME OUT 11:14 AM

ESTABLISHMENT NAME Applebees	ADDRESS 511 South Bishop	CITY Rolla
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CORE ITEMS

CODE REF.	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.	CORRECT BY
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6-501.11 The physical facilities shall be maintained in good repair.

ACKNOWLEDGEMENT OF CRITICAL AND NON CRITICAL ITEMS

By initialing here you, as the person in charge, acknowledge the following:

I am receiving the inspection report based on today's inspection, this inspection denoted 3 priority violations and 3 core violations of the food code.

I am aware of each violation and the compliance date for each violation.

I have had ample opportunity to discuss each violation with the official who conducted the inspection.

[Handwritten signature]

EDUCATION PROVIDED OR COMMENTS

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Ashley Wells / Manager	<i>[Handwritten signature]</i>	DATE 10/24/2017
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INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010	<i>[Handwritten signature]</i>	EPHS NO. 1572	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP 11/15/2017
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