



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

DATE 03/27/2017	Page 1 of 2
TIME IN 02:45 PM	TIME OUT 04:07 PM

ESTABLISHMENT NAME Bren's Pizza		OWNER Brenda Lange		PERSON IN CHARGE Brenda Lange	
ADDRESS 409 South Alvarado		ESTABLISHMENT LICENSE NO.		COUNTY Maries	REGION I
CITY/ZIP CODE Belle 65013		TELEPHONE NUMBER (573) 859-3499	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY M
WATER SUPPLY Community Date Sampled: N/A Result: N/A			FROZEN DESSERT N/A Expires: N/A License Number: N/A		

ESTABLISHMENT TYPE						PURPOSE
<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	
						Routine

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	39	Frigidaire Refrigerator			
Ambient Air	38	Maxx Cold Two Door			
Diced Chicken	38	Pizza Prep Table			
Ambient Air	39	True Single Door R/I			

**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
3-302.11	<i>Food uncovered in all freezers.</i> 3-302.11 Food shall be protected from cross contamination.	Corrected On-site
7-202.11	<i>Toxic item present that is not approved for use in a establishment. Observed bottle of Lysol multipurpose cleaner used to clean food contact surfaces.</i> 7-202.11 Only those poisonous or toxic materials that are required for the operation and maintenance of a food establishment, such as for the cleaning and sanitizing of equipment and utensils and the control of insects and rodents, shall be allowed in a food establishment.	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
4-601.11(B)(C)	<i>Excessive residual food buildup on the interior of the West Bend microwave.</i> 4-601.1(B)(C) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue and other debris.	Corrected On-site
5-205.11	<i>The employee hand sink is used for purposes other than hand washing .</i> 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
6-501.11	<i>Wall in disrepair located in the wait Station next to soda dispenser. Observed an open electrical box with bare wires inside.</i> 6-501.11 The physical facilities shall be maintained in good repair.	04/24/2017



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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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6-301.12	<i>Paper towels not in sanitary dispenser at handsink in men's restroom.</i> 6-301.12 Each handwashing lavatory/group of adjacent lavatories shall be provided with individual, disposable towels, or a continuous towel system that supplies the user with a clean towel, or a heated-air hand drying device.	Corrected On-site
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6-501.11	<i>Ceiling in disrepair located throughout facility. Observed stained ceiling tile and standing water in light fixtures.</i> 6-501.11 The physical facilities shall be maintained in good repair.	04/24/2017
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**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 2 priority violations and 5 core violations of the food code. *[Signature]*  
 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.

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Brenda Lange / Owner	<i>[Signature]</i>	DATE 03/27/2017
INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010	EPHS NO. 1572	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DATE OF FOLLOW-UP 04/24/2017