



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

DATE 04/04/2017	Page 1 of 1
TIME IN 02:43 PM	TIME OUT 03:21 PM

ESTABLISHMENT NAME Family Center		OWNER William F. Mills		PERSON IN CHARGE Jamie Wilson	
ADDRESS 1200 East Hwy 72		ESTABLISHMENT LICENSE NO.		COUNTY Rolla	REGION I
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 364-9300	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY L

WATER SUPPLY Community	Date Sampled: N/A	Result: N/A	FROZEN DESSERT N/A	Expires: N/A	License Number: N/A
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ESTABLISHMENT TYPE					PURPOSE	
<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"/> Mobile
<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"/> Temporary	Routine

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	43	Cheese Cooler			

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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6-202.14	Women's restroom door not self-closing. 6-202.14 A toilet room located on the premises shall be completely enclosed and provided with a tight-fitting and self-closing door.	04/11/2017
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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 0 priority violations and 1 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.

EDUCATION PROVIDED OR COMMENTS

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Jamie Wilson / Store Manager		DATE 04/04/2017
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 04/11/2017