



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

|                     |                      |
|---------------------|----------------------|
| DATE<br>10/26/2017  | Page 1 of 1          |
| TIME IN<br>11:03 AM | TIME OUT<br>11:23 AM |

|   |  |                            |  |                                   |                    |
|---|--|----------------------------|--|-----------------------------------|--------------------|
| ESTABLISHMENT NAME<br>Havener Center                    |  | OWNER<br>Compass Group USA |  | PERSON IN CHARGE<br>Michael Bleil |                    |
| ADDRESS<br>1346 University Circle                       |  | ESTABLISHMENT LICENSE NO.  |  | COUNTY<br>Rolla                   | REGION<br>I        |
| CITY/ZIP CODE<br>Rolla 6540                             |  | TELEPHONE NUMBER<br>( ) -  | FAX NUMBER   | SEWAGE DISPOSAL<br>Public         | P.H. PRIORITY<br>H |
| WATER SUPPLY<br>Community Date Sampled: N/A Result: N/A |  |                            | FROZEN DESSERT<br>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   | Follow-Up                       |

| FOOD PRODUCT | TEMP. (°F) | LOCATION | FOOD PRODUCT | TEMP. (°F) | LOCATION |
|--------------|------------|----------|--------------|------------|----------|
|              |            |          |              |            |          |
|              |            |          |              |            |          |
|              |            |          |              |            |          |
|              |            |          |              |            |          |

**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 |
|-----------|---|------------|
|-----------|---|------------|

|          |  |            |
|----------|--|------------|
| 3-304.12 | <i>Improper storage of ice scoop in the kitchen prep area and catering kitchen.</i><br>3-304.12 During pauses in food preparation or dispensing, utensils being used shall be stored to prevent contamination. | 11/02/2017 |
|----------|--|------------|

**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**

*WDB*

**INSPECTION INFORMATION**

|   |                  |  |                                 |
|---|------------------|--|---------------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE)<br>Michael Bleil / Chef <i>MB</i>              |                  |  | DATE<br>10/26/2017              |
| INSPECTOR/TELEPHONE NUMBER<br>Debbie Matlock / (573) 458-6010 <i>Debbie Matlock</i> | EPHS NO.<br>1508 | FOLLOW-UP<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | DATE OF FOLLOW-UP<br>11/02/2017 |