



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

DATE 03/29/2017	Page 1 of 3
TIME IN 11:17 AM	TIME OUT 12:09 AM

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 Johnnie's On Roue 66		OWNER Angelina Bates		PERSON IN CHARGE Angelina Bates	
ADDRESS 225 N Jefferson			ESTABLISHMENT LICENSE NO.		COUNTY Phelps
CITY/ZIP CODE St. James 65559		TELEPHONE NUMBER (573) 465-0988	FAX NUMBER	SEWAGE DISPOSAL Public	REGION I

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 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 checked="" type="checkbox"/> Tavern	<input type="checkbox"/> Temporary	Routine

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	39	Walk In Cooler	Ambient Air	36	Cube Refrigerator
Alfredo Sauce	156	Hot Hold			
Ambient Air	36	Torrey Two Door			
Ambient Air	35	Beer Cooler			

**RISK FACTORS AND INTERVENTIONS**

**Management and Personnel**

In Compliance	<b>2-1 Supervision</b>
In Compliance	<b>2-2 Employee Health</b>
In Compliance	<b>2-3 Personal Cleanliness</b>
In Compliance	<b>2-4 Hygienic Practices</b>

**Food**

In Compliance	<b>3-1 Characteristics</b>
In Compliance	<b>3-2 Sources, Specifications, and Original Containers and Records</b>
Not In Compliance	<b>3-3 Protection From Contamination After Receiving</b> <u>Priority</u> <i>Raw shell eggs stored above ready-to-eat food in walk in cooler.</i> 3-302.11 Food shall be protected from cross contamination. <b>Correct By:</b> Corrected On-site
In Compliance	<b>3-4 Destruction Of Organisms Of Public Health Concern</b>
In Compliance	<b>3-5 Limitation Of Growth Of Organisms Of Public Health Concern</b>
In Compliance	<b>3-6 Food Identity, Presentation, and On-Premises Labeling</b>
In Compliance	<b>3-7 Contaminated Food</b>
Not Applicable	<b>3-8 Special Requirements for Highly Susceptible Populations</b>

**Equipment, Utensils, and Linens**

In Compliance	<b>4-1 Materials For Construction and Repair</b>
In Compliance	<b>4-2 Design and Construction</b>
In Compliance	<b>4-3 Numbers and Practices</b>
In Compliance	<b>4-4 Location and Installation</b>
In Compliance	<b>4-5 Maintenance and Operation</b>
In Compliance	<b>4-6 Cleaning Of Equipment and Utensils</b>
In Compliance	<b>4-7 Sanitization Of Equipment and Utensils</b>
Not Applicable	<b>4-8 Laundering</b>
In Compliance	<b>4-9 Protection Of Clean Items</b>



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**RISK FACTORS AND INTERVENTIONS**

**Water, Plumbing, and Waste**

In Compliance	<b>5-1 Water</b>
Not In Compliance	<b>5-2 Plumbing System</b> <b>Core</b> <i>The employee handsink 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. <b>Correct By:</b> Corrected On-site
Not Applicable	<b>5-3 Mobile Water Tank and Mobile Food Establishment Water Tank</b>
In Compliance	<b>5-4 Sewage, Other Liquid Waste, and Rainwater</b>
In Compliance	<b>5-5 Refuse, Recyclables, and Returnables</b>

**Physical Facilities**

In Compliance	<b>6-1 Materials For Construction and Repair</b>
In Compliance	<b>6-2 Design, Construction, and Installation</b>
Not In Compliance	<b>6-3 Numbers and Capacities</b> <b>Core</b> <i>No towels at the employee handsink.</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. <b>Correct By:</b> Corrected On-site
In Compliance	<b>6-4 Location and Placement</b>
In Compliance	<b>6-5 Maintenance and Operation</b>

**Poisonous or Toxic Materials**

In Compliance	<b>7-1 Labeling and Identification</b>
In Compliance	<b>7-2 Operational Supplies and Applications</b>
Not Applicable	<b>7-3 Stock and Retail Sale</b>

**Compliance and Enforcement**

Not Applicable	<b>8-1 Modifications</b>
Not Applicable	<b>8-2 HACCP Plan</b>
Not Applicable	<b>8-3 Qualifications and Responsibilities</b>
Not Applicable	<b>8-4 Ceasing Operations and Reporting</b>

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**RISK FACTORS AND INTERVENTIONS**

*(This section is currently blank.)*

**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 1 priority violations and 2 core violations of the food code. *AB*  
 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**

*(This section is currently blank.)*

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Angelina Bates / Owner	<i>Angelina Bates</i>	DATE 03/29/2017
INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010	<i>John Campbell</i>	EPHS NO. 1572
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE OF FOLLOW-UP N/A