



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

DATE 07/19/2017	Page 1 of 1
TIME IN 02:12 PM	TIME OUT 02:31 PM

ESTABLISHMENT NAME Juice Theory		OWNER Murtadh Alshihab	PERSON IN CHARGE Murtadh Alshihab	
ADDRESS 809 Rolla Street		ESTABLISHMENT LICENSE NO.	COUNTY Rolla	REGION I
CITY/ZIP CODE Rolla 65401	TELEPHONE NUMBER (573) 612-4272	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		

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	Follow-Up
<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

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	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.	07/26/2017
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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.

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EDUCATION PROVIDED OR COMMENTS

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Murtadh Alshihab / Owner	<i>MA</i>	DATE 07/19/2017
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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 07/26/2017
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