



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

DATE 11/01/2017	Page 1 of 1
TIME IN 02:44 PM	TIME OUT 03:38 PM

ESTABLISHMENT NAME Just A Taste		OWNER Eric Taylor & Casey Stuck		PERSON IN CHARGE Alex Giger	
ADDRESS 200 N. Jefferson			ESTABLISHMENT LICENSE NO.		COUNTY Phelps
CITY/ZIP CODE St. James 65559		TELEPHONE NUMBER (573) 265-6506	FAX NUMBER		SEWAGE DISPOSAL Public
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
Diced Onions	39	True Prep Unit	Ambient Air	35	Walk In Cooler
Ambient Air	39	United Three Door			
Ambient Air	38	Everest Two Door			
Ambient Air	36	Continental Three Door			

**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 throughout all cold holds.</i> 3-302.11 Food shall be protected from cross contamination.	Immediate
4-601.11(A)	<i>Excessive mildew; mold buildup on the interior lip of ice machine.</i> 4-601.1(A) Equipment, food-contact surfaces and utensils shall be kept clean and free of accumulated grease deposits, dust, dirt, food residue, and other debris.	Immediate

**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
4-302.14	<i>Absence of proper test kit or other device to measure the concentration of chlorine sanitizing solutions.</i> 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided.	11/08/2017

**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 2 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.

*AG*

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Alex Giger / Chef <i>AG</i>			DATE 11/01/2017		
INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6000 <i>J Campbell</i>		EPHS NO. 1572	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP 11/08/2017	