



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

DATE 07/12/2017	Page 1 of 2
TIME IN 11:21 AM	TIME OUT 11:47 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 Kentucky Fried Chicken		OWNER RoJo Foods, Inc		PERSON IN CHARGE Jacob Missey	
ADDRESS 1001 Strobach			ESTABLISHMENT LICENSE NO.		COUNTY Rolla
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 364-5400	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	Follow-Up
<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

RISK FACTORS AND INTERVENTIONS

Management and Personnel

Not Observed	2-1 Supervision
Not Observed	2-2 Employee Health
Not Observed	2-3 Personal Cleanliness
Not Observed	2-4 Hygienic Practices

Food

Not Observed	3-1 Characteristics
Not Observed	3-2 Sources, Specifications, and Original Containers and Records
Not In Compliance	3-3 Protection From Contamination After Receiving <u>Priority</u> <i>Food uncovered in in the Traulsen freezer..</i> 3-302.11 Food shall be protected from cross contamination. Correct By: Corrected On-site
Not Observed	3-4 Destruction Of Organisms Of Public Health Concern
Not Observed	3-5 Limitation Of Growth Of Organisms Of Public Health Concern
Not Observed	3-6 Food Identity, Presentation, and On-Premises Labeling
Not Observed	3-7 Contaminated Food
Not Applicable	3-8 Special Requirements for Highly Susceptible Populations

Equipment, Utensils, and Linens

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



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RISK FACTORS AND INTERVENTIONS

Water, Plumbing, and Waste

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

Physical Facilities

Not Observed	6-1 Materials For Construction and Repair
In Compliance	6-2 Design, Construction, and Installation
Not Observed	6-3 Numbers and Capacities
Not Observed	6-4 Location and Placement
In Compliance	6-5 Maintenance and Operation

Poisonous or Toxic Materials

Not Observed	7-1 Labeling and Identification
Not Observed	7-2 Operational Supplies and Applications
Not Observed	7-3 Stock and Retail Sale

Compliance and Enforcement

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

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 1 core violations of the food code. JMM
 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) Jacob Missey / Manager	<i>Jacob Missey</i>	DATE 07/12/2017
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010	<i>Debbie Matlock</i>	EPHS NO. 1508
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE OF FOLLOW-UP N/A