



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

DATE 03/28/2017	Page 1 of 1
TIME IN 02:06 PM	TIME OUT 03:24 PM

ESTABLISHMENT NAME Long John Silver's		OWNER Pinnacle Hospitality		PERSON IN CHARGE Sal Silva	
ADDRESS 1009 Kingshighway		ESTABLISHMENT LICENSE NO.		COUNTY Rolla	REGION I
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 364-5414	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY H
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	
						Pre-Opening

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	37	Walk In Cooler			
Ambient Air	35	Cube Refrigerator			

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
6-501.11	Observed tears in the bench coverings, also tears patched with duct tape. 6-501.11 The physical facilities shall be maintained in good repair.	04/11/2017
6-501.11	Broken floor tiles located next to the fryer. 6-501.11 The physical facilities shall be maintained in good repair.	04/11/2017
6-501.11	Missing wall tiles from the wall located next to the ice machine. 6-501.11 The physical facilities shall be maintained in good repair.	04/11/2017
3-304.12	Improper storage of ice scoop; ice bucket. 3-304.12 During pauses in food preparation or dispensing, utensils being used shall be stored to prevent contamination.	Corrected On-site

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 4 core violations of the food code. SS
 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) Sal Silva / Area Coach	DATE 03/28/2017
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 04/11/2017