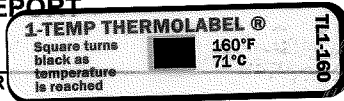




MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL REGULATION AND LICENSURE

FOOD ESTABLISHMENT INSPECTION REPORT

DATE 09/13/2017	Page 1 of 2
TIME IN 10:36 AM	TIME OUT 12:19 AM



ESTABLISHMENT NAME Maries County R-11 School		OWNER Maries County R-11 School	PERSON IN CHARGE Teann Eye	
ADDRESS 402 West Third Street		ESTABLISHMENT LICENSE NO.	COUNTY Maries	REGION I
CITY/ZIP CODE Belle 65013	TELEPHONE NUMBER (573) 859-3326	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	Routine
<input type="checkbox"/> Restaurant	<input checked="" 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
Ambient Air	43	Milk Cooler	Ambient Air	41	True Two Door R/i
Ambient Air	43	Milk Cooler	Ambient Air	152	Hot Hold Unit
Meatloaf	189	Serving Line # 1	Ambient Air	187	Hot Hold Unit
Chicken Patty	189	Serving Line # 2	Ambient Air	41	Walk in Cooler

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
3-501.17	<i>Failure to properly date label all refrigerated, ready-to-eat potentially hazardous food in the True two door reach in and walk in cooler.</i> 3-501.17 Ready-to-eat, potentially hazardous food prepared on the premise or commercially processed shall be date marked to show when the food was prepared, or opened, frozen, or thawed to indicate the date by which the food shall be consumed.	Immediate
3-302.11	<i>Food uncovered in the True two door reach in.</i> 3-302.11 Food shall be protected from cross contamination.	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 heat as a sanitizing agent.</i> 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided.	09/20/2017
3-305.11	<i>Observed food stored on the floor in the walk in freezer.</i> 3-305.11 Food shall be protected from contamination by storing in a clean dry location; where it is not exposed to splash, dust, or other contamination and be stored at least six inches (6") above the floor.	09/20/2017
6-303.11	<i>No lighting in walk-in freezer.</i> 6-303.11 The light intensity shall be at least 110 lux (10 foot candles) at a distance of 30" above the floor, in walk-in refrigeration units, dry food storage areas and in areas/rooms during cleaning, at least 220 lux (20 foot candles) at a surface where food is provided for consumer self-service or where fresh produce or packaged foods are sold/offered for consumption, inside equipment such as reach-in and under-counter refrigerators, at a distance of 30" above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms, and at least 540 lux (50 foot candles) at a surface	09/20/2017



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ESTABLISHMENT NAME Maries County R-II School	ADDRESS 402 West Third Street	CITY Belle
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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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where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

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 3 core violations of the food code. *TE*
 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) Teann Eye / District Manager	<i>Teann Eye</i>	DATE 09/13/2017
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010	EPHS NO. 1508	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DATE OF FOLLOW-UP 09/20/2017