



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

DATE 03/22/2017	Page 1 of 1
TIME IN 11:36 AM	TIME OUT 12:13 PM

ESTABLISHMENT NAME Mobil Pump Handle-On The Run #140		OWNER Wallis Oil Company	PERSON IN CHARGE Keisha Wynn	
ADDRESS 1-44 and 68		ESTABLISHMENT LICENSE NO.	COUNTY Phelps	REGION I
CITY/ZIP CODE St. James 65559	TELEPHONE NUMBER (573) 265-8070	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 checked="" 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 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**

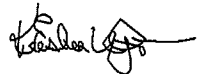

CODE REF.	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.	CORRECT BY
5-205.11	<i>The employee handsink is used for purposes other than hand washing. Observed Coffee grounds in the bottom of the handsink.</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.	04/05/2017
6-501.11	<i>Broken floor tiles located in back storage area by pizza prep unit.</i> 6-501.11 The physical facilities shall be maintained in good repair.	04/05/2017

**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 0 priority violations and 2 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.

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Keisha Wynn / Sales Associate 		DATE 03/22/2017
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 04/05/2017		