



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

DATE 08/15/2017	Page 1 of 1
TIME IN 02:01 PM	TIME OUT 02:32 PM

ESTABLISHMENT NAME Papa Murphy's		OWNER Neal & Donna English		PERSON IN CHARGE Taylor Sanders	
ADDRESS 201 South Bishop			ESTABLISHMENT LICENSE NO.		COUNTY Rolla
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 364-7123		FAX NUMBER	
WATER SUPPLY Community			FROZEN DESSERT N/A		SEWAGE DISPOSAL Public
Date Sampled: N/A		Result: N/A		Expires: N/A	
PURPOSE Follow-Up			License Number: N/A		

WATER SUPPLY Community		Date Sampled: N/A		Result: N/A		FROZEN DESSERT N/A		Expires: N/A		License Number: N/A	
ESTABLISHMENT TYPE											
<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	PURPOSE				
<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	Follow-Up					

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION

**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
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5-205.15	<i>Establishment's plumbing in disrepair. The employee handsink in the back prep room does not properly work and is not being used.</i> 5-205.15 A plumbing system shall be repaired according to law and maintained in good repair.	09/12/2017
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**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 0 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.

*T.S.*

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Taylor Sanders / Manager	<i>Taylor Sanders</i>	DATE 08/15/2017
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INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010	<i>John Campbell</i>	EPHS NO. 1572	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP 09/12/2017
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