



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

DATE 05/10/2017	Page 1 of 1
TIME IN 10:02 AM	TIME OUT 10:36 AM

ESTABLISHMENT NAME Pick and Shovel Cafe		OWNER The James Foundation		PERSON IN CHARGE Michael Conway	
ADDRESS 21880 Meramec Spring Drive			ESTABLISHMENT LICENSE NO.		COUNTY Phelps
CITY/ZIP CODE St. James 65559		TELEPHONE NUMBER (573) 265-7387	FAX NUMBER	SEWAGE DISPOSAL Private	P.H. PRIORITY H

WATER SUPPLY Private	Date Sampled: 05/03/2017	Result: Unsatisfactory	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	Follow-Up
<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		

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	38	Superior 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
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6-501.11	Observed displaced tile and missing grout in front of fryers. 6-501.11 The physical facilities shall be maintained in good repair.	05/15/2017
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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 0 priority violations and 1 core violations of the food code. M.C.
 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

Facility has dry wall material on walls. Noted surfaces impacted by flood waters were not replaced after flood. Walls must be closely monitored for moisture and/or flood impact damage. Should damage be observed, affected areas must be replaced immediately. Note: RE: Water Sample-facility notified to boil water vigorously for 3 minutes or use bottled water until water sample negative for Coliform for 2 samples.

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Michael Conway / Superintendent <i>Michael Conway</i>			DATE 05/10/2017
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010 <i>Debbie Matlock</i>	EPHS NO. 1508	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP 05/15/2017