



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

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Based on an inspection this day, the items noted below identify noncompliance in operations or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your food operations.

ESTABLISHMENT NAME Rock and Rollin Shaved Ice		OWNER Shawn Hedge		PERSON IN CHARGE Emilie Hedge	
ADDRESS 4 Summit Ave			ESTABLISHMENT LICENSE NO.		COUNTY Rolla
CITY/ZIP CODE Rolla 65401			TELEPHONE NUMBER (573) 612-8085	FAX NUMBER	SEWAGE DISPOSAL Public
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 checked="" type="checkbox"/> Mobile	Pre-Opening
<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
Ambient Air	36	Avanti Refrigerator			

RISK FACTORS AND INTERVENTIONS

Management and Personnel

In Compliance	2-1 Supervision
In Compliance	2-2 Employee Health
In Compliance	2-3 Personal Cleanliness
In Compliance	2-4 Hygienic Practices

Food

In Compliance	3-1 Characteristics
In Compliance	3-2 Sources, Specifications, and Original Containers and Records
In Compliance	3-3 Protection From Contamination After Receiving
In Compliance	3-4 Destruction Of Organisms Of Public Health Concern
In Compliance	3-5 Limitation Of Growth Of Organisms Of Public Health Concern
In Compliance	3-6 Food Identity, Presentation, and On-Premises Labeling
In Compliance	3-7 Contaminated Food
Not Applicable	3-8 Special Requirements for Highly Susceptible Populations

Equipment, Utensils, and Linens

In Compliance	4-1 Materials For Construction and Repair
In Compliance	4-2 Design and Construction
In Compliance	4-3 Numbers and Practices
In Compliance	4-4 Location and Installation
In Compliance	4-5 Maintenance and Operation
In Compliance	4-6 Cleaning Of Equipment and Utensils
In Compliance	4-7 Sanitization Of Equipment and Utensils
Not Applicable	4-8 Laundering
In Compliance	4-9 Protection Of Clean Items

Water, Plumbing, and Waste

In Compliance	5-1 Water
In Compliance	5-2 Plumbing System



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RISK FACTORS AND INTERVENTIONS

Water, Plumbing, and Waste

In Compliance	5-3 Mobile Water Tank and Mobile Food Establishment Water Tank
In Compliance	5-4 Sewage, Other Liquid Waste, and Rainwater
In Compliance	5-5 Refuse, Recyclables, and Returnables

Physical Facilities

In Compliance	6-1 Materials For Construction and Repair
In Compliance	6-2 Design, Construction, and Installation
In Compliance	6-3 Numbers and Capacities
In Compliance	6-4 Location and Placement
In Compliance	6-5 Maintenance and Operation

Poisonous or Toxic Materials

In Compliance	7-1 Labeling and Identification
In Compliance	7-2 Operational Supplies and Applications
Not Applicable	7-3 Stock and Retail Sale

Compliance and Enforcement

Not Applicable	8-1 Modifications
Not Applicable	8-2 HACCP Plan
Not Applicable	8-3 Qualifications and Responsibilities
Not Applicable	8-4 Ceasing Operations and Reporting

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 0 core violations of the food code. EH
 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) Emilie Hedge / Manager <i>Emilie Hedge</i>	DATE 05/05/2017
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010 <i>Debbie Matlock</i>	EPHS NO. 1508
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP N/A