



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

DATE 06/20/2017	Page 1 of 1
TIME IN 12:25 PM	TIME OUT 12:41 PM

ESTABLISHMENT NAME Ruby's Ice Cream		OWNER Bob Bell	PERSON IN CHARGE Jennifer Webster	
ADDRESS 205 State Route C		ESTABLISHMENT LICENSE NO.	COUNTY Phelps	REGION I
CITY/ZIP CODE St. James 65559	TELEPHONE NUMBER (573) 259-4569	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
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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
<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

3-201.11	Establishment is manufacturing and serving soft serve ice cream without a current Frozen Dessert License issued by the Missouri Department of Health ad Services. 3-201.11 Food used or offered for human consumption shall be obtained from sources that comply with the law. No food prepared in a private home may be used or offered.	07/20/2017
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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.	<i>JW</i>

EDUCATION PROVIDED OR COMMENTS

INSPECTION INFORMATION			
RECEIVED BY (PERSON IN CHARGE/TITLE) Jennifer Webster / Managed <i>Jennifer Webster</i>		DATE 06/20/2017	
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 07/20/2017