



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

DATE 06/16/2017	Page 1 of 2
TIME IN 03:01 PM	TIME OUT 03:58 PM

ESTABLISHMENT NAME Shots		OWNER Josh Noe		PERSON IN CHARGE Josh Noe	
ADDRESS 212 W. 9th Street			ESTABLISHMENT LICENSE NO.		COUNTY Rolla
CITY/ZIP CODE Rolla 65401			TELEPHONE NUMBER (573) 426-4255	FAX NUMBER ( ) -	REGION I
WATER SUPPLY Community			FROZEN DESSERT N/A		SEWAGE DISPOSAL Public
Date Sampled: N/A			Result: N/A		Expires: N/A
					License Number: N/A

ESTABLISHMENT TYPE							PURPOSE Routine
<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 type="checkbox"/> Restaurant	<input type="checkbox"/> School	<input type="checkbox"/> Senior Center	<input type="checkbox"/> Summer F.P.	<input checked="" type="checkbox"/> Tavern	<input type="checkbox"/> Temporary		

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	36	True Two Door			
Ambient Air	37	True Two Door			

**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
3-501.17	<i>Failure to properly date label all refrigerated, ready-to-eat potentially hazardous food.</i> 3-501.17 Ready-to-eat, potentially hazardous food prepared on the premise or commercially processed shall be date marked to show when the food was prepared, or opened, frozen, or thawed to indicate the date by which the food shall be consumed.	Corrected On-site

**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.</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.	Corrected On-site
4-302.14	<i>Absence of proper test kit or other device to measure the concentration of chlorine sanitizing solutions.</i> 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided.	06/19/2017
4.204.112	<i>Temperature measuring device missing in True two door refrigerator.</i> 4-204.112 In a mechanically refrigerated or hot food storage unit, the sensor of a temperature measuring device shall be located to measure the air temperature in the warmest part of a mechanically refrigerated unit and in the coolest part of a hot food storage unit. Temperature measuring devices shall be designed to be easily readable.	06/19/2017
5-501.17	<i>Absence of covered wastebasket in the women's restroom.</i> 5-501.17 A toilet room used by females shall be provided with a covered receptacle for sanitary napkins.	06/19/2017



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**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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6-202.14	Men's restroom door not self-closing. 6-202.14 A toilet room located on the premises shall be completely enclosed and provided with a tight-fitting and self-closing door.	06/19/2017
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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 5 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) Josh Noe / Owner		DATE 06/16/2017
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 06/19/2017