



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

DATE 06/26/2017	Page 1 of 1
TIME IN 11:38 AM	TIME OUT 12:16 PM

ESTABLISHMENT NAME Sput's Place		OWNER Warren & Kathleen Rogers		PERSON IN CHARGE Warren Rogers	
ADDRESS 1782 Hwy 63 N		ESTABLISHMENT LICENSE NO.		COUNTY Maries	REGION I
CITY/ZIP CODE Vichy 65580		TELEPHONE NUMBER (573) 299-4412	FAX NUMBER	SEWAGE DISPOSAL Private	P.H. PRIORITY H

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 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

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
-----------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

6-501.11	Observed large stains on the ceiling in the dining area and above pool tables 6-501.11 The physical facilities shall be maintained in good repair.	07/03/2017
----------	-------------------------------------------------------------------------------------------------------------------------------------------------------	------------

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.
 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) Warren Rogers / Owner			DATE 06/26/2017		
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 07/03/2017	