



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

DATE 02/10/2017	Page 1 of 3
TIME IN 02:26 PM	TIME OUT 03:17 PM

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.

<b>ESTABLISHMENT NAME</b> St. James Market Place Cafe		<b>OWNER</b> Deborah Kleinheider		<b>PERSON IN CHARGE</b> Deborah Kleinheider	
<b>ADDRESS</b> 211 North Seymour			<b>ESTABLISHMENT LICENSE NO.</b>		<b>COUNTY</b> Phelps
<b>CITY/ZIP CODE</b> St. James 65559			<b>TELEPHONE NUMBER</b> (573) 505-9590	<b>FAX NUMBER</b>	<b>REGION</b> I
<b>WATER SUPPLY</b> Community		Date Sampled: N/A		Result: Unsatisfactory	
<b>FROZEN DESSERT</b>		N/A		Expires: N/A	
				License Number: N/A	

<b>ESTABLISHMENT TYPE</b>							<b>PURPOSE</b> 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 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	41	Frigidaire			
Sour Cream	42	Kenmore			
Ambient Air	42	Amana			
Ambient Air	41	Foster			

**RISK FACTORS AND INTERVENTIONS**

**Management and Personnel**

In Compliance	<b>2-1 Supervision</b>
In Compliance	<b>2-2 Employee Health</b>
In Compliance	<b>2-3 Personal Cleanliness</b>
In Compliance	<b>2-4 Hygienic Practices</b>

**Food**

In Compliance	<b>3-1 Characteristics</b>
In Compliance	<b>3-2 Sources, Specifications, and Original Containers and Records</b>
In Compliance	<b>3-3 Protection From Contamination After Receiving</b>
In Compliance	<b>3-4 Destruction Of Organisms Of Public Health Concern</b>
Not In Compliance	<b>3-5 Limitation Of Growth Of Organisms Of Public Health Concern</b> <b>Priority</b> <i>Failure to properly date label all refrigerated, ready-to-eat potentially hazardous food in Kenmore refrigerator.</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. <b>Correct By:</b> Corrected On-site
In Compliance	<b>3-6 Food Identity, Presentation, and On-Premises Labeling</b>
In Compliance	<b>3-7 Contaminated Food</b>
Not Applicable	<b>3-8 Special Requirements for Highly Susceptible Populations</b>

**Equipment, Utensils, and Linens**

In Compliance	<b>4-1 Materials For Construction and Repair</b>
In Compliance	<b>4-2 Design and Construction</b>
In Compliance	<b>4-3 Numbers and Practices</b>
In Compliance	<b>4-4 Location and Installation</b>
In Compliance	<b>4-5 Maintenance and Operation</b>
In Compliance	<b>4-6 Cleaning Of Equipment and Utensils</b>



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

DATE 02/10/2017	Page 2 of 3
TIME IN 02:26 PM	TIME OUT 03:17 PM

ESTABLISHMENT NAME St. James Market Place Cafe	ADDRESS 211 North Seymour	CITY/ZIP CODE St. James 65559
---	------------------------------	----------------------------------

**RISK FACTORS AND INTERVENTIONS**

**Equipment, Utensils, and Linens**

In Compliance	<b>4-7 Sanitization Of Equipment and Utensils</b>
Not Applicable	<b>4-8 Laundering</b>
In Compliance	<b>4-9 Protection Of Clean Items</b>

**Water, Plumbing, and Waste**

In Compliance	<b>5-1 Water</b>
<b>Not In Compliance</b>	<b>5-2 Plumbing System</b> <b>Core</b> <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. <b>Correct By:</b> Corrected On-site
Not Applicable	<b>5-3 Mobile Water Tank and Mobile Food Establishment Water Tank</b>
In Compliance	<b>5-4 Sewage, Other Liquid Waste, and Rainwater</b>
In Compliance	<b>5-5 Refuse, Recyclables, and Returnables</b>

**Physical Facilities**

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

**Poisonous or Toxic Materials**

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

**Compliance and Enforcement**

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



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

DATE 02/10/2017	Page 3 of 3
TIME IN 02:26 PM	TIME OUT 03:17 PM

ESTABLISHMENT NAME St. James Market Place Cafe	ADDRESS 211 North Seymour	CITY/ZIP CODE St. James 65559
---	------------------------------	----------------------------------

**RISK FACTORS AND INTERVENTIONS**

*(This section is currently blank.)*

**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 1 core violations of the food code. DK  
 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**

*(This section is currently blank.)*

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Deborah Kleinheider / Owner		DATE 02/10/2017
INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010	EPHS NO. 1572	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		DATE OF FOLLOW-UP N/A