



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

DATE 01/10/2017	Page 1 of 1
TIME IN 02:46 PM	TIME OUT 03:32 PM

ESTABLISHMENT NAME St. James VFW		OWNER VFW-5608		PERSON IN CHARGE Charles Barlar	
ADDRESS 18775 State Route KK			ESTABLISHMENT LICENSE NO.		COUNTY Phelps
CITY/ZIP CODE St. James 65559			TELEPHONE NUMBER (573) 265-7755	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 type="checkbox"/> Mobile	Routine
<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	39	True Two Door			
Ambient Air	37	Two Door R/I			
Ambient Air	39	Walk In Cooler			

**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
3-701.11	<i>Unsafe food not discarded or reconditioned according to an approved procedure. Observed several half gallons of orange juice to be past manufacturers use by date.</i> 3-701.11 Unsafe, adulterated, or contaminated food shall be reconditioned according to an approved procedure or discarded.	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
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.	01/17/2017

**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 1 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.

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**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Charles Barlar / Commander <i>Charles Barlar</i>			DATE 01/10/2017
INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010 <i>John Campbell</i>	EPHS NO. 1572	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP 01/17/2017