



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

DATE 10/26/2017	Page 1 of 1
TIME IN 11:41 AM	TIME OUT 12:14 PM

ESTABLISHMENT NAME Subway		OWNER Matt & Susan Banholzer		PERSON IN CHARGE Anna Burns	
ADDRESS 615 South Bishop			ESTABLISHMENT LICENSE NO.		COUNTY Rolla
CITY/ZIP CODE Rolla 65401			TELEPHONE NUMBER (573) 364-3395	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
<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	Follow-Up
<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

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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6-501.11	Observed stained ceiling tiles above the aisle leading to the racks housing single service items. 6-501.11 The physical facilities shall be maintained in good repair.	11/02/2017
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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 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) Anna Burns / Manager			DATE 10/26/2017	
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010		EPHS NO. 1508	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
			DATE OF FOLLOW-UP 11/02/2017	