



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

DATE 11/02/2017	Page 1 of 2
TIME IN 12:22 PM	TIME OUT 12:51 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.

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		Date Sampled: N/A	Result: N/A	FROZEN DESSERT N/A	SEWAGE DISPOSAL Public
				Expires: N/A	License Number: N/A

ESTABLISHMENT TYPE							PURPOSE Follow-Up
<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

**RISK FACTORS AND INTERVENTIONS**

**Management and Personnel**

Not Observed	<b>2-1 Supervision</b>
Not Observed	<b>2-2 Employee Health</b>
Not Observed	<b>2-3 Personal Cleanliness</b>
Not Observed	<b>2-4 Hygienic Practices</b>

**Food**

Not Observed	<b>3-1 Characteristics</b>
Not Observed	<b>3-2 Sources, Specifications, and Original Containers and Records</b>
Not Observed	<b>3-3 Protection From Contamination After Receiving</b>
Not Observed	<b>3-4 Destruction Of Organisms Of Public Health Concern</b>
Not Observed	<b>3-5 Limitation Of Growth Of Organisms Of Public Health Concern</b>
Not Observed	<b>3-6 Food Identity, Presentation, and On-Premises Labeling</b>
Not Observed	<b>3-7 Contaminated Food</b>
Not Applicable	<b>3-8 Special Requirements for Highly Susceptible Populations</b>

**Equipment, Utensils, and Linens**

Not Observed	<b>4-1 Materials For Construction and Repair</b>
Not Observed	<b>4-2 Design and Construction</b>
Not Observed	<b>4-3 Numbers and Practices</b>
Not Observed	<b>4-4 Location and Installation</b>
Not Observed	<b>4-5 Maintenance and Operation</b>
Not Observed	<b>4-6 Cleaning Of Equipment and Utensils</b>
Not Observed	<b>4-7 Sanitization Of Equipment and Utensils</b>
Not Applicable	<b>4-8 Laundering</b>
Not Observed	<b>4-9 Protection Of Clean Items</b>

**Water, Plumbing, and Waste**

Not Observed	<b>5-1 Water</b>
Not Observed	<b>5-2 Plumbing System</b>



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**RISK FACTORS AND INTERVENTIONS**

**Water, Plumbing, and Waste**

Not Applicable	5-3 Mobile Water Tank and Mobile Food Establishment Water Tank
Not Observed	5-4 Sewage, Other Liquid Waste, and Rainwater
Not Observed	5-5 Refuse, Recyclables, and Returnables

**Physical Facilities**

Not Observed	6-1 Materials For Construction and Repair
Not Observed	6-2 Design, Construction, and Installation
Not Observed	6-3 Numbers and Capacities
Not Observed	6-4 Location and Placement
In Compliance	6-5 Maintenance and Operation

**Poisonous or Toxic Materials**

Not Observed	7-1 Labeling and Identification
Not Observed	7-2 Operational Supplies and Applications
Not Applicable	7-3 Stock and Retail Sale

**Compliance and Enforcement**

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

*(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 0 priority violations and 0 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.

*AB*

**EDUCATION PROVIDED OR COMMENTS**

*(This section is currently blank)*

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Anna Burns / Manager	<i>AB</i>	DATE 11/02/2017
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010	EPHS NO. 1508	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		DATE OF FOLLOW-UP N/A