



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

DATE 01/12/2017	Page 1 of 1
TIME IN 02:54 PM	TIME OUT 03:12 PM

ESTABLISHMENT NAME Subway		OWNER Roger Killen		PERSON IN CHARGE Lisa Stogsdill	
ADDRESS 205 Hwy B			ESTABLISHMENT LICENSE NO.		COUNTY Phelps
CITY/ZIP CODE St. James 65559			TELEPHONE NUMBER (573) 265-5900	FAX NUMBER	REGION I
WATER SUPPLY Community			FROZEN DESSERT N/A		P.H. PRIORITY M
Date Sampled: 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
-----------	---	------------

6-501.11	Observed the grill to the condenser unit in the walk in cooler to be in disrepair 6-501.11 The physical facilities shall be maintained in good repair.	01/26/2017
----------	---	------------

**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.

*LS*

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Lisa Stogsdill / Employee			DATE 01/12/2017		
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 01/26/2017	