



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

|                     |                      |
|---------------------|----------------------|
| DATE<br>03/13/2017  | Page 1 of 2          |
| TIME IN<br>01:38 PM | TIME OUT<br>02:03 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<br>Sweet Stop Ice Cream |  | OWNER<br>Robert and Joanne Holmes |                                    | PERSON IN CHARGE<br>Joanne Holmes |                            |
| ADDRESS<br>16030 County Rd 8360            |  |                                   | ESTABLISHMENT LICENSE NO.          |                                   | COUNTY<br>Rolla            |
| CITY/ZIP CODE<br>Rolla 65401               |  |                                   | TELEPHONE NUMBER<br>(573) 612-8041 | FAX NUMBER                        | SEWAGE DISPOSAL<br>Private |
| WATER SUPPLY<br>Private                    |  |                                   | FROZEN DESSERT<br>N/A              |                                   |                            |
| 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 checked="" type="checkbox"/> Mobile | Pre-Opening |
| <input 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**

|               |                                 |
|---------------|---------------------------------|
| 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>                |
| Not Applicable | <b>3-4 Destruction Of Organisms Of Public Health Concern</b>            |
| In Compliance  | <b>3-5 Limitation Of Growth Of Organisms Of Public Health Concern</b>   |
| In Compliance  | <b>3-6 Food Identity, Presentation, and On-Premises Labeling</b>        |
| Not Applicable | <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>  |
| Not Applicable | <b>4-2 Design and Construction</b>                |
| Not Applicable | <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>     |
| Not Applicable | <b>4-7 Sanitization Of Equipment and Utensils</b> |
| Not Applicable | <b>4-8 Laundering</b>                             |
| Not Applicable | <b>4-9 Protection Of Clean Items</b>              |

**Water, Plumbing, and Waste**

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



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|  |                                 |                              |
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| ESTABLISHMENT NAME<br>Sweet Stop Ice Cream | ADDRESS<br>16030 County Rd 8360 | CITY/ZIP CODE<br>Rolla 65401 |
|--|---------------------------------|------------------------------|

**RISK FACTORS AND INTERVENTIONS**

**Water, Plumbing, and Waste**

|                |   |
|----------------|---|
| Not Applicable | <b>5-3 Mobile Water Tank and Mobile Food Establishment Water Tank</b> |
| Not Applicable | <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>    |

*(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. *JML*  
 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)<br>Joanne Holmes / Owner <i>J. Holmes</i>   | DATE<br>03/13/2017       |
| INSPECTOR/TELEPHONE NUMBER<br>John Campbell / (573) 458-6010 <i>J. Campbell</i>  | EPHS NO.<br>1572         |
| FOLLOW-UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP<br>N/A |