



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



DATE: 09/05/2017
 TIME IN: 11:47 AM
 TIME OUT: 12:54 PM
 Page 1 of 2

ESTABLISHMENT NAME Sybill's		OWNER Tom, Janet, & Sybill Scheffer		PERSON IN CHARGE Sybill Scheffer	
ADDRESS 14502 Hwy 8		ESTABLISHMENT LICENSE NO.		COUNTY Phelps	REGION I
CITY/ZIP CODE St. James 65559		TELEPHONE NUMBER (573) 265-4224	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY H
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	37	True Two Door R/I	Ambient Air	36	True Bar Cooler
Diced Tomatoes	35	True Prep Unit			
Raw Hamburger	38	Four Drawer Cold Hold			
Ambient Air	34	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
3-302.11	<i>Food uncovered in the true two door salad refrigerator and the true single door freezer.</i> 3-302.11 Food shall be protected from cross contamination.	Immediate
5-205.15	<i>Establishment's plumbing in disrepair. Observed the water to be shut off at the hand sink next to the dishwasher due to a faucet leak</i> 5-205.15 A plumbing system shall be repaired according to law and maintained in good repair.	Immediate
7-204.11	<i>Sanitizer concentration in the dishwasher in the bar-area is too strong.</i> 7-204.11 Chemical sanitizers and other chemical antimicrobials applied to food-contact surfaces shall meet the requirements specified in 40 CFR 180.940.	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
-----------	---	------------

4-501.11	<i>Equipment not maintained in a state of good repair or proper adjustment. Observed the dishwasher in the bar to be dispensing too much sanitizer.</i> 4-501.11 Equipment shall be maintained in a state of repair and condition that meets the requirements.	Corrected On-site
----------	---	-------------------



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

DATE 09/05/2017	Page 2 of 2
TIME IN 11:47 AM	TIME OUT 12:54 PM

ESTABLISHMENT NAME Sybill's	ADDRESS 14502 Hwy 8	CITY St. James
--------------------------------	------------------------	-------------------

(This area is mostly blank, likely for inspection notes or violations.)

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 3 priority violations and 1 core violations of the food code. SS
 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 area is mostly blank, likely for education or comments.)

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Sybill Scheffer / Owner <i>Sybill Scheffer</i>		DATE 09/05/2017
INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010 <i>JRCpbell</i>	EPHS NO. 1572	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DATE OF FOLLOW-UP 09/12/2017