



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

DATE 09/14/2017	Page 1 of 2
TIME IN 03:04 PM	TIME OUT 03:34 PM

ESTABLISHMENT NAME The Centre		OWNER The City of Rolla		PERSON IN CHARGE Kristy Rich	
ADDRESS 1200 Halloway		ESTABLISHMENT LICENSE NO.		COUNTY Phelps	REGION I
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 341-2386	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY L
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	Pre-Opening
<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	41	True Two Door			

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
5-203.11	<i>No handwashing sink available in food establishment.</i> 5-203.11 At least 1 handwashing lavatory, a number of handwashing lavatories necessary for convenient use by employees in food preparation areas, food dispensing and warewashing areas and not fewer than the number required by law shall be provided.	09/21/2017

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 Kenmore stand up freezer to have excessive ice accumulation.</i> 4-501.11 Equipment shall be maintained in a state of repair and condition that meets the requirements.	09/21/2017
4-302.14	<i>Absence of proper test kit or other device to measure the concentration of chlorine sanitizing solutions.</i> 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided.	09/21/2017
8-302.12	<i>Applicant failed to submit approval to open form to the regulatory authority.</i> 8-302.12 A person desiring to operate a food establishment shall submit to the regulatory authority a completed approval to open form.	09/21/2017



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(This area is intentionally left blank for inspection notes.)

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 1 priority violations and 3 core violations of the food code. KR
 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 intentionally left blank for education or comments.)

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Kristy Rich / Recreation Manager <i>Kristy Rich</i>		DATE 09/14/2017
INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010 <i>JSCampbell</i>	EPHS NO. 1572	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DATE OF FOLLOW-UP 09/21/2017