



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

| | |
|---------------------|----------------------|
| DATE 04/10/2017 | Page 1 of 2 |
| TIME IN 11:05 AM | TIME OUT 12:00 PM |

| | | | | |
|---|------------------------------------|--|------------------------------------|--------------------|
| ESTABLISHMENT NAME The Dinner Belle | | OWNER Theresa Taylor | PERSON IN CHARGE Theresa Taylor | |
| ADDRESS 34 Alvarado | | ESTABLISHMENT LICENSE NO. | COUNTY Maries | REGION I |
| CITY/ZIP CODE Belle 65013 | TELEPHONE NUMBER (573) 859-6889 | 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 | 39 | Victory Three Door | Sliced Tomatoes | 42 | Prep Unit |
| Marinara Sauce | 43 | Cold Hold Unit | Sliced Ham | 40 | Walk In Cooler |
| Cottage Cheese | 43 | Cold Hold Unit | Ambient Air | 40 | Single Door Display |
| Gravy | 162 | Hot Hold Unit | | | |

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 cold hold units and freezer throughout the facility.</i> 3-302.11 Food shall be protected from cross contamination. | Immediate |
| 3-501.17 | <i>Failure to properly date label all refrigerated, ready-to-eat potentially hazardous food in cold hold units throughout the facility.</i> 3-501.17 Ready-to-eat, potentially hazardous food prepared on the premise or commercially processed shall be date marked to show when the food was prepared, or opened, frozen, or thawed to indicate the date by which the food shall be consumed. | 04/17/2017 |
| 4-601.11(A) | <i>Observed residual product on the knife blade of the table mounted can opener.</i> 4-601.1(A) Equipment, food-contact surfaces and utensils shall be kept clean and free of accumulated grease deposits, dust, dirt, food residue, and other debris. | 04/17/2017 |
| 4-601.11(A) | <i>Observed residual food product on the bottom shelf of the Victory Three Door reach in.</i> 4-601.1(A) Equipment, food-contact surfaces and utensils shall be kept clean and free of accumulated grease deposits, dust, dirt, food residue, and other debris. | 04/17/2017 |
| 4-601.11(A) | <i>Observed food debris on the floor of the walk in cooler.</i> 4-601.1(A) Equipment, food-contact surfaces and utensils shall be kept clean and free of accumulated grease deposits, dust, dirt, food residue, and other debris. | 04/17/2017 |

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 |
|-----------|---|------------|
| 5-205.11 | <i>The employee handsink is used for purposes other than hand washing.</i> 5-205.11 A handwashing sink shall be maintained so that it is accessible at all times for employee use. A handwashing sink may not be used for purposes other than handwashing. An automatic handwashing facility shall be used in accordance with manufacturer's | Immediate |



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CORE ITEMS

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|-----------|--|------------|
| | instructions. | |
| 3-304.12 | <i>Improper storage of utensils stored in the container on the prep table housing microwave oven and on the wares rack.</i> 3-304.12 During pauses in food preparation or dispensing, utensils being used shall be stored to prevent contamination. | 04/17/2017 |
| 2-401.11 | <i>Employee cigarettes stored on shelf with food and food prep items.</i> 2-401.11 Employees shall eat, drink, or use tobacco only in designated areas where the contamination of exposed food; clean equipment, utensils, and linens; unwrapped single-service items can not occur. Drinking from a closed beverage container is permitted if the container is handled to prevent contamination. | 04/17/2017 |
| 3-302.12 | <i>Bulk ingredients not labeled in storage room.</i> 3-302.12 Working containers holding food or food ingredients removed from their original packages shall be identified with the common name of the food. | 04/17/2017 |
| 5-501.11 | <i>Dumpster not located on a non-absorbent surface.</i> Observed half of the dumpster on the ground. 5-501.11 An outdoor storage surface for refuse, recyclables, and returnables shall be: sloped to drain; and constructed of nonabsorbent, smooth and durable material, such as concrete or asphalt, if there is evidence of vermin or a creation of a nuisance or health hazard. | 04/17/2017 |

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 5 priority violations and 5 core violations of the food code. *JM JMT*
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

INSPECTION INFORMATION

| | | |
|--|-----------------------|--|
| RECEIVED BY (PERSON IN CHARGE/TITLE) Theresa Taylor / Owner | <i>Theresa Taylor</i> | DATE 04/10/2017 |
| INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010 | EPHS NO. 1508 | FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| | | DATE OF FOLLOW-UP 04/17/2017 |