



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

DATE 02/17/2017	<b>Page 1 of 1</b>
TIME IN 09:57 AM	TIME OUT 10:46 AM

ESTABLISHMENT NAME Waffle House		OWNER Bob Mericle		PERSON IN CHARGE Andy Lewis	
ADDRESS 1405 Martin Springs Dr.		ESTABLISHMENT LICENSE NO.		COUNTY Rolla	REGION I
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 341-2655	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

<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	PURPOSE 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	<i>Observed missing floor tiles in front of ware washing area.</i> 6-501.11 The physical facilities shall be maintained in good repair.	03/10/2017
6-202.14	<i>Men's restroom door not self-closing.</i> 6-202.14 A toilet room located on the premises shall be completely enclosed and provided with a tight-fitting and self-closing door.	03/10/2017
4-302.14	<i>Absence of proper test kit or other device to measure the concentration of heat as a sanitizing agent.</i> 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided.	03/10/2017

**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 3 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.

*AL*

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Andy Lewis / Assistant Manager		DATE 02/17/2017	
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 03/10/2017