



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

DATE 08/21/2018	Page 1 of 2
TIME IN 09:20 AM	TIME OUT 09:40 AM

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 Best Western		OWNER Amrut Patel	PERSON IN CHARGE Mike Patel	
ADDRESS 1403 Martin Springs Drive		ESTABLISHMENT LICENSE NO.	COUNTY Rolla	REGION I
CITY/ZIP CODE Rolla 65401	TELEPHONE NUMBER (573) 341-2511	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
<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	Routine

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
EGGS	135	SERVING WARMER	MILK	41	LG LARGE FRIDGE
SAUSAGE	145	SERVING WARMER	JUICE	42	JUICE MACHINE
SAUSAGE GRAVY	136	SOUP WARMER			
YOGURT	39	MINI FRIDGE			

**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>
In Compliance	<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>
In Compliance	<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>
In Compliance	<b>4-2 Design and Construction</b>
In Compliance	<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>
In Compliance	<b>4-7 Sanitization Of Equipment and Utensils</b>
Not Applicable	<b>4-8 Laundering</b>
In Compliance	<b>4-9 Protection Of Clean Items</b>

**Water, Plumbing, and Waste**

In Compliance	<b>5-1 Water</b>
In Compliance	<b>5-2 Plumbing System</b>



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**RISK FACTORS AND INTERVENTIONS**

**Water, Plumbing, and Waste**

Not Applicable	<b>5-3 Mobile Water Tank and Mobile Food Establishment Water Tank</b>
In Compliance	<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>
<b>Not In Compliance</b>	<b>6-3 Numbers and Capacities</b> <b>Core</b> <i>Absence of handwashing signage at all sinks used by employees.</i> 6-301.14 A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing lavatories used by food employees and shall be clearly visible to food employees. <b>Correct By:</b> Corrected On-site <b>Core</b> <i>No towels at the employee handsink.</i> 6-301.12 Each handwashing lavatory/group of adjacent lavatories shall be provided with individual, disposable towels, or a continuous towel system that supplies the user with a clean towel, or a heated-air hand drying device. <b>Correct By:</b> Corrected On-site
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>

**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 2 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.

*Mike Patel*

**EDUCATION PROVIDED OR COMMENTS**

Nothing can be stored in handwashing sink.

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Mike Patel / Manager	<i>Mike Patel</i>	DATE 08/21/2018
INSPECTOR/TELEPHONE NUMBER Michelle Rafter / (573) 458-6010	EPHS NO. 1212	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		DATE OF FOLLOW-UP N/A