



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

DATE 05/25/2018	Page 1 of 2
TIME IN 09:40 AM	TIME OUT 10:13 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 Blue's Too		OWNER Pat Stevenson	PERSON IN CHARGE Pat Stevenson	
ADDRESS 145 Main Street		ESTABLISHMENT LICENSE NO.	COUNTY Phelps	REGION I
CITY/ZIP CODE Newburg 65550	TELEPHONE NUMBER (573) 456-2724	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
<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	Follow-Up

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION

**RISK FACTORS AND INTERVENTIONS**

**Management and Personnel**

Not Observed	2-1 Supervision
Not Observed	2-2 Employee Health
Not Observed	2-3 Personal Cleanliness
Not Observed	2-4 Hygienic Practices

**Food**

Not Observed	3-1 Characteristics
In Compliance	3-2 Sources, Specifications, and Original Containers and Records
In Compliance	3-3 Protection From Contamination After Receiving
Not Observed	3-4 Destruction Of Organisms Of Public Health Concern
In Compliance	3-5 Limitation Of Growth Of Organisms Of Public Health Concern
Not Observed	3-6 Food Identity, Presentation, and On-Premises Labeling
Not Observed	3-7 Contaminated Food
Not Applicable	3-8 Special Requirements for Highly Susceptible Populations

**Equipment, Utensils, and Linens**

Not Observed	4-1 Materials For Construction and Repair
Not Observed	4-2 Design and Construction
Not Observed	4-3 Numbers and Practices
Not Observed	4-4 Location and Installation
Not Observed	4-5 Maintenance and Operation
Not Observed	4-6 Cleaning Of Equipment and Utensils
Not Observed	4-7 Sanitization Of Equipment and Utensils
Not Applicable	4-8 Laundering
Not Observed	4-9 Protection Of Clean Items

**Water, Plumbing, and Waste**

Not Observed	5-1 Water
Not Observed	5-2 Plumbing System



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**RISK FACTORS AND INTERVENTIONS**

**Water, Plumbing, and Waste**

Not Applicable	5-3 Mobile Water Tank and Mobile Food Establishment Water Tank
Not Observed	5-4 Sewage, Other Liquid Waste, and Rainwater
Not Observed	5-5 Refuse, Recyclables, and Returnables

**Physical Facilities**

Not Observed	6-1 Materials For Construction and Repair
In Compliance	6-2 Design, Construction, and Installation
Not Observed	6-3 Numbers and Capacities
Not Observed	6-4 Location and Placement
Not Observed	6-5 Maintenance and Operation

**Poisonous or Toxic Materials**

Not Observed	7-1 Labeling and Identification
Not Observed	7-2 Operational Supplies and Applications
Not Applicable	7-3 Stock and Retail Sale

**Compliance and Enforcement**

Not Applicable	8-1 Modifications
Not Applicable	8-2 HACCP Plan
Not Applicable	8-3 Qualifications and Responsibilities
Not Applicable	8-4 Ceasing Operations and Reporting

**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 0 core violations of the food code. BS  
 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**

Note: Owner's son is the application process for an Egg License through the State of Missouri. Owner agrees to continue to purchase store bought eggs until application process is approved. Once license is received owner will contact the Phelps/Maries County Health Department.

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Pat Stevenson / Owner		DATE 05/25/2018
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010	EPHS NO. 1508	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		DATE OF FOLLOW-UP N/A