



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

DATE 05/02/2018	Page 1 of 1
TIME IN 10:01 AM	TIME OUT 11:17 AM

ESTABLISHMENT NAME Double Shots Bar and Grill		OWNER Daniel Gray		PERSON IN CHARGE Daniel Gray	
ADDRESS 195 North Outer Road		ESTABLISHMENT LICENSE NO.		COUNTY Phelps	REGION I
CITY/ZIP CODE Doolittle 65401		TELEPHONE NUMBER (573) 578-6426	FAX NUMBER	SEWAGE DISPOSAL Private	P.H. PRIORITY H
WATER SUPPLY Private Date Sampled: 05/02/2018 Result: Pending			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	37	Beer Cooler	Ambient Air	37	Prep Unit
Ambient Air	39	Beer Cooler	Ambient Air	43	True Single Door R/I
Ambient Air	43	Walk In Cooler			
Ambient Air	39	True Single Door R/I			

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
4-302.14	<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.	05/04/2018
3-304.12	<i>Improper storage of ice scoop.</i> 3-304.12 During pauses in food preparation or dispensing, utensils being used shall be stored to prevent contamination.	05/04/2018
6-501.11	<i>Observed bar chairs to be in disrepair.</i> 6-501.11 The physical facilities shall be maintained in good repair.	05/04/2018

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. DG
 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) Daniel Gray / Owner		DATE 05/02/2018
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 05/04/2018