



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

|                     |                      |
|---------------------|----------------------|
| DATE<br>04/26/2018  | Page 1 of 1          |
| TIME IN<br>09:30 AM | TIME OUT<br>10:49 AM |

|                                    |  |                                    |                           |                                |                     |
|------------------------------------|--|------------------------------------|---------------------------|--------------------------------|---------------------|
| ESTABLISHMENT NAME<br>I-44 Surplus |  | OWNER<br>Jerry & Denise Bahr       |                           | PERSON IN CHARGE<br>Jerry Bahr |                     |
| ADDRESS<br>11101 Old Highway 66    |  |                                    | ESTABLISHMENT LICENSE NO. |                                | COUNTY<br>Phelps    |
| CITY/ZIP CODE<br>Rolla 65401       |  | TELEPHONE NUMBER<br>(573) 364-6006 |                           | FAX NUMBER                     |                     |
| WATER SUPPLY<br>Private            |  |                                    | FROZEN DESSERT<br>N/A     |                                |                     |
| Date Sampled: 04/26/2018           |  |                                    | Result: Pending           |                                | 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 checked="" type="checkbox"/> Grocery Store | <input type="checkbox"/> Institution | <input type="checkbox"/> Mobile | Routine |
| <input 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  | 40         | True Two Door R/I       | Ambient Air  | 31         | Deli Case      |
| Ambient Air  | 35         | Dairy Walk In Cooler    | Ambient Air  | 34         | Walk In Cooler |
| Ambient Air  | 36         | Frederich Five Door R/I |              |            |                |
| Ambient Air  | 41         | Frederich Four Door R/I |              |            |                |

**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 |
|-----------|--|------------|
| 3-202.15  | <i>Food package integrity compromised.</i> Observed several cans throughout facility with dents along the seals.<br>3-202.15 Food packages shall be in good condition and protect the integrity of the contents. | 05/10/2018 |

**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        |
|-----------|---|-------------------|
| 6-301.12  | <i>No towels at the employee handsink in the Deli.</i><br>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. | Corrected On-site |

**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 1 priority violations and 1 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.

*JB*

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

|   |                  |  |                                 |
|---|------------------|--|---------------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE)<br>Jerry Bahr / Owner <i>Jerry Bahr</i>        |                  |  | DATE<br>04/26/2018              |
| INSPECTOR/TELEPHONE NUMBER<br>Debbie Matlock / (573) 458-6010 <i>Debbie Matlock</i> | EPHS NO.<br>1508 | FOLLOW-UP<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | DATE OF FOLLOW-UP<br>05/10/2018 |