



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

| | |
|---------------------|----------------------|
| DATE 01/23/2018 | Page 1 of 2 |
| TIME IN 09:48 AM | TIME OUT 11:24 AM |

| | | | | | |
|---|--|------------------------------------|--|--------------------------------------|--------------------|
| ESTABLISHMENT NAME Margie's Kafe | | OWNER Timothy & Margie McNamara | | PERSON IN CHARGE Timothy McNamara | |
| ADDRESS 105 Hwy 63 | | ESTABLISHMENT LICENSE NO. | | COUNTY Maries | REGION I |
| CITY/ZIP CODE Vienna 65582 | | TELEPHONE NUMBER (573) 422-3555 | 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 | |
| | | | | | | Routine |

| FOOD PRODUCT | TEMP. (°F) | LOCATION | FOOD PRODUCT | TEMP. (°F) | LOCATION |
|--------------|------------|-------------------|--------------|------------|----------------------|
| Taco Meat | 171 | Hot Hold Unit | Ambient Air | 38 | Victory Two Door R/I |
| Gravy | 151 | Hot Hold Unit | Ambient Air | 42 | True Two Door R/I |
| Diced Ham | 37 | True Prep Unit | | | |
| Ambient Air | 41 | True Two 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 |
|-------------|--|-------------------|
| 4-601.11(A) | Observed residual product on the blade of the table mounted can opener. 4-601.1(A) Equipment, food-contact surfaces and utensils shall be kept clean and free of accumulated grease deposits, dust, dirt, food residue, and other debris. | Corrected On-site |
| 3-302.11 | Food uncovered in the True two door reach in. 3-302.11 Food shall be protected from cross contamination. | Corrected On-site |
| 3-302.11 | Food uncovered in the Silver upright freezer. 3-302.11 Food shall be protected from cross contamination. | Corrected On-site |
| 3-501.17 | Failure to properly date label all refrigerated, ready-to-eat potentially hazardous food. 3-501.17 Ready-to-eat, potentially hazardous food prepared on the premise or commercially processed shall be date marked to show when the food was prepared, or opened, frozen, or thawed to indicate the date by which the food shall be consumed. | Corrected On-site |
| 4-601.11(A) | Observed excessive residual food product on the bottom shelf of the Kenmore upright freezer located in the downstairs storage room. 4-601.1(A) Equipment, food-contact surfaces and utensils shall be kept clean and free of accumulated grease deposits, dust, dirt, food residue, and other debris. | 01/29/2018 |

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 |
|-----------|---|-------------------|
| 5-205.11 | The employee handsink is used for purposes other than hand washing . 5-205.11 A handwashing sink shall be maintained so that it is accessible at all times for employee use. A handwashing sink may not be used for purposes other than handwashing. An automatic handwashing facility shall be used in accordance with manufacturer's instructions. | Corrected On-site |



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| ESTABLISHMENT NAME Margie's Kafe | ADDRESS 105 Hwy 63 | CITY Vienna |
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CORE ITEMS

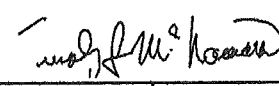
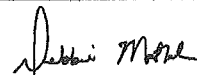
| CODE REF. | DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated. | CORRECT BY |
|-----------|--|-------------------|
| 6-501.11 | Observed missing floor tile beneath and in front of the True two door reach in. 6-501.11 The physical facilities shall be maintained in good repair. | 01/29/2018 |
| 3-302.12 | Observed a plastic container unlabeled in the True two door reach in. 3-302.12 Working containers holding food or food ingredients removed from their original packages shall be identified with the common name of the food. | Corrected On-site |
| 4-501.11 | Observed excessive ice accumulation in the Kenmore chest freezer in the downstairs storage room. 4-501.11 Equipment shall be maintained in a state of repair and condition that meets the requirements. | 01/29/2018 |
| 2-401.11 | Employee smoking in dry goods storage area. 2-401.11 Employees shall eat, drink, or use tobacco only in designated areas where the contamination of exposed food; clean equipment, utensils, and linens; unwrapped single-service items can not occur. Drinking from a closed beverage container is permitted if the container is handled to prevent contamination. | 01/29/2018 |
| 4-501.11 | Equipment not maintained in a state of good repair or proper adjustment. Observed the ware wash machine is not calibrated to dispense sanitizing agent. Note: Facility is going to use the three vat sink to sanitize wares and utensils until equipment repaired. 4-501.11 Equipment shall be maintained in a state of repair and condition that meets the requirements. | 01/29/2018 |

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 5 priority violations and 6 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.

EDUCATION PROVIDED OR COMMENTS

INSPECTION INFORMATION

| | | | |
|--|--------------------|--|---------------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE) Timothy McNamara / Owner  | DATE 01/23/2018 | | |
| 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 01/29/2018 |