



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

DATE 06/07/2018	Page 1 of 2
TIME IN 02:29 PM	TIME OUT 02:52 PM

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 Matt's Steakhouse		OWNER Matt Sanders		PERSON IN CHARGE Matt Sanders	
ADDRESS 12200 Dillon Outer Road			ESTABLISHMENT LICENSE NO.		COUNTY Rolla
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 364-1220	FAX NUMBER	SEWAGE DISPOSAL Private	REGION I
WATER SUPPLY Private			FROZEN DESSERT N/A		
Date Sampled: 05/03/2018			Result: 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	Follow-Up
<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

**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
Not Observed	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
Not Observed	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
In Compliance	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
Not Observed	6-2 Design, Construction, and Installation
Not Observed	6-3 Numbers and Capacities
Not Observed	6-4 Location and Placement
In Compliance	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

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**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. *WBS*  
 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**

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**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Matt Sanders / Owner <i>WBS</i>	DATE 06/07/2018
INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010 <i>J Campbell</i>	EPHS NO. 1572
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP N/A