



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

DATE 01/24/2018	Page 1 of 1
TIME IN 10:37 AM	TIME OUT 11:26 AM

ESTABLISHMENT NAME Midwest Petroleum Company # 30		OWNER James McNutt	PERSON IN CHARGE Heather Palmberg	
ADDRESS 617 N. Jefferson		ESTABLISHMENT LICENSE NO.	COUNTY Phelps	REGION I
CITY/ZIP CODE St. James 65559	TELEPHONE NUMBER (573) 261-4087	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY L

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 checked="" 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 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
Ambient Air	42	Landshire Deli Express			
Ambient Air	151	Ready To Go Hot Hold			
Chili	138	Gehl's Dispenser			
Ambient Air	43	Walk In Cooler			

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
-----------	---	------------

3-304.12	<i>Improper storage of dispensing utensil.</i> 3-304.12 During pauses in food preparation or dispensing, utensils being used shall be stored to prevent contamination.	Corrected On-site
----------	---	-------------------

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.	01/31/2018
----------	---	------------

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 2 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) Heather Palmberg / Manager		DATE 01/24/2018
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 01/31/2018