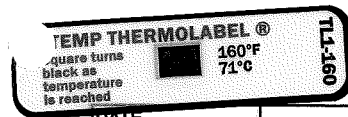




MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL REGULATION AND LICENSURE
FOOD ESTABLISHMENT INSPECTION REPORT



DATE: 11/06/2018 Page 1 of 1
TIME IN: 09:30 AM TIME OUT: 10:30 AM

ESTABLISHMENT NAME Miner Break Cafe Library		OWNER Chartwells		PERSON IN CHARGE Cheryl Dalton	
ADDRESS 400 West 14th Street		ESTABLISHMENT LICENSE NO.		COUNTY Rolla	REGION I
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 341-6414	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY M
WATER SUPPLY Community Date Sampled: N/A Result: N/A			FROZEN DESSERT Approved Expires: 09/30/2019 License Number: 161-19926		

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	Routine
<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
GREEK SANDWICH	38	HOSHIZAKI COOLER	PHILIDELPHIA ROLL	43	REACH IN AT FRONT
MILK	36	HOSHIZAKI COOLER	MILK	34	BEVERAGE AIR UNDER COFFEE
LEMON CAKE	37	DISPLAY UPPER COOLER	MILK	35	BEVERAGE AIR UNDER FLAVORING
YOGURT	38	DISPLAY LOWER COOLER	CHILI	155	SOUP WARMER

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
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4-302.14	Absence of proper test kit to measure the temperature of the dishwashing machine. 4-302.14 A test kit that accurately measures the temperature of the warewashing machine shall be provided.	11/27/2018
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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 critical violations and 0 non-critical 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) Cheryl Dalton / Employee <i>[Signature]</i>		DATE 11/06/2018
INSPECTOR/TELEPHONE NUMBER Bethany Black / (573) 458-6010 <i>[Signature]</i>	EPHS NO. 1637	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DATE OF FOLLOW-UP 11/27/2018

11-6-18 JRS