



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

DATE 02/07/2018	Page 1 of 2
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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 Miner Munchies		OWNER Compass Group		PERSON IN CHARGE Christian Lehman	
ADDRESS 205 W 12th Street			ESTABLISHMENT LICENSE NO.		COUNTY Rolla
CITY/ZIP CODE Rolla 65401			TELEPHONE NUMBER (573) 341-6471	FAX NUMBER	REGION I
WATER SUPPLY Community			FROZEN DESSERT N/A		SEWAGE DISPOSAL Public
Date Sampled: N/A			Expires: N/A		P.H. PRIORITY L
Result: N/A			License Number: N/A		

ESTABLISHMENT TYPE							PURPOSE Routine
<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		

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	35	True Single Door R/I			
Ambient Air	43	IDW Single Door R/I			
Ambient Air	41	True Single Door R/I			

**RISK FACTORS AND INTERVENTIONS**

**Management and Personnel**

Not Applicable	<b>2-1 Supervision</b>
Not Applicable	<b>2-2 Employee Health</b>
Not Applicable	<b>2-3 Personal Cleanliness</b>
Not Applicable	<b>2-4 Hygienic Practices</b>

**Food**

In Compliance	<b>3-1 Characteristics</b>
In Compliance	<b>3-2 Sources, Specifications, and Original Containers and Records</b>
In Compliance	<b>3-3 Protection From Contamination After Receiving</b>
In Compliance	<b>3-4 Destruction Of Organisms Of Public Health Concern</b>
In Compliance	<b>3-5 Limitation Of Growth Of Organisms Of Public Health Concern</b>
In Compliance	<b>3-6 Food Identity, Presentation, and On-Premises Labeling</b>
In Compliance	<b>3-7 Contaminated Food</b>
Not Applicable	<b>3-8 Special Requirements for Highly Susceptible Populations</b>

**Equipment, Utensils, and Linens**

In Compliance	<b>4-1 Materials For Construction and Repair</b>
In Compliance	<b>4-2 Design and Construction</b>
In Compliance	<b>4-3 Numbers and Practices</b>
In Compliance	<b>4-4 Location and Installation</b>
In Compliance	<b>4-5 Maintenance and Operation</b>
In Compliance	<b>4-6 Cleaning Of Equipment and Utensils</b>
In Compliance	<b>4-7 Sanitization Of Equipment and Utensils</b>
Not Applicable	<b>4-8 Laundering</b>
In Compliance	<b>4-9 Protection Of Clean Items</b>

**Water, Plumbing, and Waste**

In Compliance	<b>5-1 Water</b>
In Compliance	<b>5-2 Plumbing System</b>



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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
In Compliance	5-4 Sewage, Other Liquid Waste, and Rainwater
In Compliance	5-5 Refuse, Recyclables, and Returnables

**Physical Facilities**

In Compliance	6-1 Materials For Construction and Repair
In Compliance	6-2 Design, Construction, and Installation
In Compliance	6-3 Numbers and Capacities
In Compliance	6-4 Location and Placement
In Compliance	6-5 Maintenance and Operation

**Poisonous or Toxic Materials**

In Compliance	7-1 Labeling and Identification
In Compliance	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

*(This section is currently blank)*

**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.  
 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.

*CAI*

**EDUCATION PROVIDED OR COMMENTS**

*(This section is currently blank)*

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Christian Lehman / Resident Director	<i>Christian Lehman</i>	DATE 02/07/2018
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010	EPHS NO. 1508	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		DATE OF FOLLOW-UP N/A