



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

DATE 11/07/2018	Page 1 of 2
TIME IN 02:00 PM	TIME OUT 02:07 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 Mobil Pump Handle-On The Run #140		OWNER Wallis Oil Company	PERSON IN CHARGE Jake Gassman	
ADDRESS I-44 and Hwy 68		ESTABLISHMENT LICENSE NO.	COUNTY Phelps	REGION I
CITY/ZIP CODE St. James 65559	TELEPHONE NUMBER (573) 265-8070	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		Follow-Up
<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

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
Not Observed	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
Not Observed	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

11-9-18915



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

DATE 11/07/2018	Page 2 of 2
TIME IN 02:00 PM	TIME OUT 02:07 PM

ESTABLISHMENT NAME Mobil Pump Handle-On The Run #140	ADDRESS I-44 and Hwy 68	CITY/ZIP CODE St. James 65559
---	----------------------------	----------------------------------

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
In Compliance	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
Not Observed	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 Observed	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

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.

[Handwritten signature]

EDUCATION PROVIDED OR COMMENTS

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Jake Gassman / Assistant Manager	<i>[Handwritten signature]</i>	DATE 11/07/2018
INSPECTOR/TELEPHONE NUMBER Bethany Black / (573) 458-6010	<i>[Handwritten signature]</i>	EPHS NO. 1637
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE OF FOLLOW-UP N/A

11-9-18913