



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

DATE 11/29/2018	Page 1 of 1
TIME IN 03:17 PM	TIME OUT 03:50 PM

ESTABLISHMENT NAME M's Restaurant, LLC		OWNER Doyla Mentis		PERSON IN CHARGE Sherryl Macey	
ADDRESS 11695 County Road 424		ESTABLISHMENT LICENSE NO.		COUNTY Maries	REGION I
CITY/ZIP CODE St. James 65559		TELEPHONE NUMBER (573) 699-4153	FAX NUMBER	SEWAGE DISPOSAL Private	P.H. PRIORITY H
WATER SUPPLY Private Date Sampled: 11/29/2018 Result: Pending			FROZEN DESSERT 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

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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5-102.14	Absence of most recent sample report for the nonpublic water system on file. 5-102.14 The most recent sample report for the nonpublic water system shall be retained on file.	12/05/2018
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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.

SM

EDUCATION PROVIDED OR COMMENTS

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Sherryl Macey / Co-owner <i>Sherryl Macey</i>		DATE 11/29/2018
INSPECTOR/TELEPHONE NUMBER Bethany Black / (573) 458-6010 <i>Bethany Black</i>	EPHS NO. 1637	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF FOLLOW-UP 12/05/2018		