



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

| | |
|---------------------|----------------------|
| DATE 09/13/2018 | Page 1 of 2 |
| TIME IN 02:27 PM | TIME OUT 03:15 PM |

| | | | | | |
|----------------------------------|--|---------------------------------|------------------------------------|-----------------------------------|--------------------|
| ESTABLISHMENT NAME NaCl + H2O | | OWNER Matt & Susan Banholzer | | PERSON IN CHARGE Sue Banholzer | |
| ADDRESS 817 Pine Street | | | ESTABLISHMENT LICENSE NO. | | COUNTY Rolla |
| CITY/ZIP CODE Rolla 65401 | | | TELEPHONE NUMBER (573) 426-6699 | FAX NUMBER | P.H. PRIORITY H |
| WATER SUPPLY Community | | | FROZEN DESSERT N/A | | |
| Date Sampled: N/A | | Result: 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 |
| <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 | Routine |

| FOOD PRODUCT | TEMP. (°F) | LOCATION | FOOD PRODUCT | TEMP. (°F) | LOCATION |
|----------------|------------|--------------|----------------|------------|------------------------|
| sliced oranges | 32 | beverage air | blue cheese | 37 | prep table |
| crab | 38 | norlake | cheddar cheese | 37 | superior |
| beef | 37 | norlake | brieg cheese | 37 | refer next to superior |
| potatos | 200 | stove top | | | |

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 |
|-----------|---|------------|
|-----------|---|------------|

| | | |
|----------|---|-------------------|
| 6-301.14 | <i>Absence of handwashing signage at all sinks used by employees.</i> 6-301.14 A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing lavatories used by food employees and shall be clearly visible to food employees. | 09/27/2018 |
| 3-602.12 | <i>Consumer warning or date labeling of food product concealed or altered. Salt and sugar in unlabelled containers.</i> 3-602.12 Food establishment or manufacturer's dating information on foods may not be concealed or altered. | Corrected On-site |
| 4-302.14 | <i>Absence of proper test kit or other device to measure the concentration of quaternary ammonium 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. | 09/27/2018 |
| 3-305.11 | <i>Food not protected from contamination. food items uncovered in norlake.</i> 3-305.11 Food shall be protected from contamination by storing in a clean dry location; where it is not exposed to splash, dust, or other contamination and be stored at least six inches (6") above the floor. | Corrected On-site |



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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 priority violations and 4 core violations of the food code. SB
 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) Sue Banholzer / Owner <i>SB</i> | DATE 09/13/2018 |
| INSPECTOR/TELEPHONE NUMBER Michelle Rafter / (573) 458-6010 <i>Michelle Rafter</i> | EPHS NO. 1212 |
| FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | DATE OF FOLLOW-UP 09/27/2018 |