



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

| | |
|---------------------|----------------------|
| DATE 04/24/2018 | Page 1 of 3 |
| TIME IN 01:06 PM | TIME OUT 01:39 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 Ruby's Ice Cream | | OWNER Bob Bell | PERSON IN CHARGE Bob Bell | |
| ADDRESS 814 North Jefferson St. | | ESTABLISHMENT LICENSE NO. | COUNTY Phelps | REGION I |
| CITY/ZIP CODE St. James 65559 | TELEPHONE NUMBER (573) 265-8280 | FAX NUMBER | SEWAGE DISPOSAL Public | P.H. PRIORITY L |

| | | | | | |
|---------------------------|-------------------|-------------|----------------------------|---------------------|---------------------------|
| WATER SUPPLY Community | Date Sampled: N/A | Result: N/A | FROZEN DESSERT Approved | Expires: 05/31/2018 | License Number: 161-19125 |
|---------------------------|-------------------|-------------|----------------------------|---------------------|---------------------------|

| | | | | | | | |
|--|-----------------------------------|--|--------------------------------------|--|--------------------------------------|---------------------------------|-------------|
| 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 | Pre-Opening |
| <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 |
|--------------|------------|------------------------|--------------|------------|----------|
| Ambient Air | 35 | Dessert Topping Unit | | | |
| Ambient Air | 41 | Whirlpool Refrigerator | | | |
| Ambient Air | 41 | Star Cooler | | | |

RISK FACTORS AND INTERVENTIONS

Management and Personnel

| | |
|---------------|--------------------------|
| In Compliance | 2-1 Supervision |
| In Compliance | 2-2 Employee Health |
| In Compliance | 2-3 Personal Cleanliness |
| In Compliance | 2-4 Hygienic Practices |

Food

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

Equipment, Utensils, and Linens

| | |
|---------------|--|
| In Compliance | 4-1 Materials For Construction and Repair |
| Not Observed | 4-2 Design and Construction Core <i>Temperature measuring device missing in the Whirlpool refrigerator.</i> 4-204.112 In a mechanically refrigerated or hot food storage unit, the sensor of a temperature measuring device shall be located to measure the air temperature in the warmest part of a mechanically refrigerated unit and in the coolest part of a hot food storage unit. Temperature measuring devices shall be designed to be easily readable. Correct By: Corrected On-site |
| In Compliance | 4-3 Numbers and Practices |
| In Compliance | 4-4 Location and Installation |
| In Compliance | 4-5 Maintenance and Operation |
| In Compliance | 4-6 Cleaning Of Equipment and Utensils |



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RISK FACTORS AND INTERVENTIONS

Equipment, Utensils, and Linens

| | |
|----------------|--|
| In Compliance | 4-7 Sanitization Of Equipment and Utensils |
| Not Applicable | 4-8 Laundering |
| In Compliance | 4-9 Protection Of Clean Items |

Water, Plumbing, and Waste

| | |
|----------------|--|
| In Compliance | 5-1 Water |
| In Compliance | 5-2 Plumbing System |
| 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 |
| Not In Compliance | 6-5 Maintenance and Operation Core <i>Observed a crack in the window by the side door leading out to the Star cooler.</i> 6-501.11 The physical facilities shall be maintained in good repair. Correct By: Next Regular Inspection |

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 |
| In Compliance | 8-3 Qualifications and Responsibilities |
| Not Applicable | 8-4 Ceasing Operations and Reporting |



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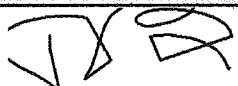
RISK FACTORS AND INTERVENTIONS

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 2 core violations of the food code. RB
 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) Bob Bell / Owner |  | DATE 04/24/2018 |
| 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 |