



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

| | |
|---------------------|----------------------|
| DATE 09/14/2018 | Page 1 of 2 |
| TIME IN 10:01 AM | TIME OUT 10:10 AM |

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 St. James Market Place Bakery | | OWNER Deborah Kelinheider | | PERSON IN CHARGE Melissa Coffman | |
| ADDRESS 103 N Jefferson | | | ESTABLISHMENT LICENSE NO. | | COUNTY Phelps |
| CITY/ZIP CODE St. James 65559 | | | TELEPHONE NUMBER (573) 263-2557 | FAX NUMBER | SEWAGE DISPOSAL Public |
| WATER SUPPLY Community Date Sampled: N/A Result: N/A | | | FROZEN DESSERT N/A Expires: N/A License Number: N/A | | |

| | | | | | | | |
|--|-----------------------------------|--|--------------------------------------|--|--------------------------------------|---------------------------------|-----------------------------|
| ESTABLISHMENT TYPE | | | | | | | PURPOSE Follow-Up |
| <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 | | |

| 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 |
| In Compliance | 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 |



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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 |
| Not Observed | 5-4 Sewage, Other Liquid Waste, and Rainwater |
| Not Observed | 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 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 critical violations and 0 non-critical violations of the food code. MLC
 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

(This section is currently blank)

INSPECTION INFORMATION

| | |
|---|--------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE) Melissa Coffman / Chef <i>Melissa Coffman</i> | DATE 09/14/2018 |
| INSPECTOR/TELEPHONE NUMBER Bethany Black / (573) 458-6010 <i>Bethany Black</i> | EPHS NO. 1637 |
| FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP N/A |