



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

DATE 11/07/2018	Page 1 of 1
TIME IN 10:11 AM	TIME OUT 10:35 AM

ESTABLISHMENT NAME Stop N Go		OWNER Ted & Jane Moser		PERSON IN CHARGE Ted Moser	
ADDRESS 17475 South Hwy 63		ESTABLISHMENT LICENSE NO.		COUNTY Phelps	REGION I
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 341-8350	FAX NUMBER	SEWAGE DISPOSAL Private	P.H. PRIORITY L
WATER SUPPLY Private Date Sampled: 10/17/2018 Result: Unsatisfactory			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

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

5-102.15	The operator failed to maintain a potable water supply. The operator must shock the well. 5 days after the well has been shocked, the Phelps/Maries County Health officials will return to obtain 2 negative water samples that were taken at least 3 days apart. 5-102.15 Operator of a food establishment using a public or private water supply non-compliant with requirements pertaining to non-satisfactory bacteriological sample.	11/14/2018
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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.

Ted Moser

EDUCATION PROVIDED OR COMMENTS

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Ted Moser / Owner <i>Ted Moser</i>		DATE 11/07/2018
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 11/14/2018		

11-9-18 *DB*