



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

DATE 02/16/2018	Page 1 of 1
TIME IN 11:26 AM	TIME OUT 12:18 PM

ESTABLISHMENT NAME Subway		OWNER Roger Killeen		PERSON IN CHARGE Crystal Brown	
ADDRESS 409 South Hwy 28			ESTABLISHMENT LICENSE NO.		COUNTY Maries
CITY/ZIP CODE Belle 65013		TELEPHONE NUMBER (573) 859-3139		FAX NUMBER	
WATER SUPPLY Community		Date Sampled: N/A		Result: N/A	
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
<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	Follow-Up

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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6-501.11	Observed stained ceiling tiles above the rack housing chips, above the walk in cooler, and in the office area. 6-501.11 The physical facilities shall be maintained in good repair.	03/16/2018
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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 priority violations and 1 core 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.

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Crystal Brown / Manager <i>Crystal Brown</i>			DATE 02/16/2018
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010 <i>Debbie Matlock</i>	EPHS NO. 1508	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP 03/16/2018