



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

DATE 03/23/2018	Page 1 of 2
TIME IN 10:22 AM	TIME OUT 10:37 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 Subway		OWNER Roger Killeen	PERSON IN CHARGE Cody Egelston	
ADDRESS 409 South Hwy 28		ESTABLISHMENT LICENSE NO.		COUNTY Maries
CITY/ZIP CODE Belle 65013		TELEPHONE NUMBER (573) 859-3139	FAX NUMBER	SEWAGE DISPOSAL Public
WATER SUPPLY Community		FROZEN DESSERT N/A		REGION I
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	Follow-Up
<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
Not Observed	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



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

DATE 03/23/2018	Page 2 of 2
TIME IN 10:22 AM	TIME OUT 10:37 AM

ESTABLISHMENT NAME Subway	ADDRESS 409 South Hwy 28	CITY/ZIP CODE Belle 65013
------------------------------	-----------------------------	------------------------------

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
In Compliance	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

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 0 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.

CE

EDUCATION PROVIDED OR COMMENTS

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Cody Egelston / Employee		DATE 03/23/2018
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