



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

|                     |                      |
|---------------------|----------------------|
| DATE<br>03/13/2018  | Page 1 of 2          |
| TIME IN<br>09:49 AM | TIME OUT<br>10:45 AM |

|                                      |  |                                    |                           |                                   |                    |
|--------------------------------------|--|------------------------------------|---------------------------|-----------------------------------|--------------------|
| ESTABLISHMENT NAME<br>Subway - Forum |  | OWNER<br>Matt & Sue Banholzer      |                           | PERSON IN CHARGE<br>Stacy Cameron |                    |
| ADDRESS<br>901 Forum Drive           |  |                                    | ESTABLISHMENT LICENSE NO. |                                   | COUNTY<br>Rolla    |
| CITY/ZIP CODE<br>Rolla 65401         |  | TELEPHONE NUMBER<br>(573) 364-3394 | FAX NUMBER                | SEWAGE DISPOSAL<br>Public         | P.H. PRIORITY<br>M |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| WATER SUPPLY<br>Community Date Sampled: N/A Result: N/A |  |  | FROZEN DESSERT<br>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   | Routine                         |

| FOOD PRODUCT    | TEMP. (°F) | LOCATION        | FOOD PRODUCT | TEMP. (°F) | LOCATION             |
|-----------------|------------|-----------------|--------------|------------|----------------------|
| Meatball        | 155        | Hot Hold Unit   | Ambient Air  | 41         | Walk In Cooler       |
| Sliced Tomatoes | 39         | Front Prep Line | Ambient Air  | 37         | Two Door Cooler      |
| Tuna            | 38         | Front Prep Line | Ham          | 38         | Drive Thru Prep Line |
| Ambient Air     | 35         | Two Door Cooler | Roast Beef   | 39         | Drive Thru Prep Line |

**PRIORITY ITEMS**

| CODE REF. | DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.  | CORRECT BY        |
|-----------|---|-------------------|
| 7-102.11  | <i>Unlabeled spray bottle found above prep table.</i><br>7-102.11 Working containers used for storing poisonous or toxic materials such as cleaners and sanitizers taken from bulk supplies shall be clearly and individually identified with the common name of the material.  | Corrected On-site |
| 3-501.17  | <i>Failure to properly date label all refrigerated, ready-to-eat potentially hazardous food.</i><br>3-501.17 Ready-to-eat, potentially hazardous food prepared on the premise or commercially processed shall be date marked to show when the food was prepared, or opened, frozen, or thawed to indicate the date by which the food shall be consumed. | Corrected On-site |

**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        |
|-----------|---|-------------------|
| 2-401.11  | <i>Employee personal drink in unapproved container stored on food prep table.</i><br>2-401.11 Employees shall eat, drink, or use tobacco only in designated areas where the contamination of exposed food; clean equipment, utensils, and linens; unwrapped single-service items can not occur. Drinking from a closed beverage container is permitted if the container is handled to prevent contamination.                  | Corrected On-site |
| 6-501.11  | <i>Observed the handle to the Lockwood cabinet is in disrepair.</i><br>6-501.11 The physical facilities shall be maintained in good repair.   | 03/20/2018        |
| 4.204.112 | <i>Temperature measuring device missing in small Cube refrigerator.</i><br>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. | 03/20/2018        |



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|--------------------------------------|----------------------------|---------------|

*(This area is mostly blank, likely for inspection notes or violations.)*

**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 2 priority violations and 3 core violations of the food code. SL  
 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 area is blank for education or comments.)*

**INSPECTION INFORMATION**

|  |                  |  |
|--|------------------|--|
| RECEIVED BY (PERSON IN CHARGE/TITLE)<br>Stacy Cameron / Employee |                  | DATE<br>03/13/2018   |
| INSPECTOR/TELEPHONE NUMBER<br>Debbie Matlock / (573) 458-6010    | EPHS NO.<br>1508 | FOLLOW-UP<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|  |                  | DATE OF FOLLOW-UP<br>03/20/2018  |