



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

DATE 05/25/2018	Page 1 of 2
TIME IN 12:17 PM	TIME OUT 12:44 PM

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 SummerTime Snow Shaved Ice	OWNER Don Luna	PERSON IN CHARGE Sloane Medows
ADDRESS 607 North Jefferson Street	ESTABLISHMENT LICENSE NO.	COUNTY Phelps
CITY/ZIP CODE St. James 65559	TELEPHONE NUMBER (573) 259-1197	FAX NUMBER
	SEWAGE DISPOSAL Public	P.H. PRIORITY L

WATER SUPPLY Community	Date Sampled: N/A	Result: N/A	FROZEN DESSERT N/A	Expires: N/A	License Number: N/A
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ESTABLISHMENT TYPE <input type="checkbox"/> Bakery <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> C. Store <input type="checkbox"/> School <input type="checkbox"/> Caterer <input type="checkbox"/> Senior Center <input type="checkbox"/> Deli <input type="checkbox"/> Summer F.P. <input type="checkbox"/> Grocery Store <input type="checkbox"/> Tavern <input type="checkbox"/> Institution <input type="checkbox"/> Temporary <input type="checkbox"/> Mobile	PURPOSE Pre-Opening
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FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	39	Whirlpool Refrigerator			

**RISK FACTORS AND INTERVENTIONS**

**Management and Personnel**

In Compliance	2-1 Supervision
In Compliance	2-2 Employee Health
In Compliance	2-3 Personal Cleanliness
In Compliance	2-4 Hygienic Practices

**Food**

In Compliance	3-1 Characteristics
In Compliance	3-2 Sources, Specifications, and Original Containers and Records
In Compliance	3-3 Protection From Contamination After Receiving
In Compliance	3-4 Destruction Of Organisms Of Public Health Concern
In Compliance	3-5 Limitation Of Growth Of Organisms Of Public Health Concern
In Compliance	3-6 Food Identity, Presentation, and On-Premises Labeling
In Compliance	3-7 Contaminated Food
Not Applicable	3-8 Special Requirements for Highly Susceptible Populations

**Equipment, Utensils, and Linens**

In Compliance	4-1 Materials For Construction and Repair
In Compliance	4-2 Design and Construction
In Compliance	4-3 Numbers and Practices
In Compliance	4-4 Location and Installation
In Compliance	4-5 Maintenance and Operation
In Compliance	4-6 Cleaning Of Equipment and Utensils
In Compliance	4-7 Sanitization Of Equipment and Utensils
Not Applicable	4-8 Laundering
In Compliance	4-9 Protection Of Clean Items

**Water, Plumbing, and Waste**

In Compliance	5-1 Water
In Compliance	5-2 Plumbing System



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**RISK FACTORS AND INTERVENTIONS**

**Water, Plumbing, and Waste**

In Compliance	5-3 Mobile Water Tank and Mobile Food Establishment Water Tank
In Compliance	5-4 Sewage, Other Liquid Waste, and Rainwater
In Compliance	5-5 Refuse, Recyclables, and Returnables

**Physical Facilities**

In Compliance	6-1 Materials For Construction and Repair
In Compliance	6-2 Design, Construction, and Installation
In Compliance	6-3 Numbers and Capacities
In Compliance	6-4 Location and Placement
In Compliance	6-5 Maintenance and Operation

**Poisonous or Toxic Materials**

In Compliance	7-1 Labeling and Identification
In Compliance	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.

*SM*

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Sloane Medows / Employee	<i>Sloane Medows</i>	DATE 05/25/2018
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-8010	EPHS NO. 1508	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		DATE OF FOLLOW-UP N/A