



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

| | |
|---------------------|----------------------|
| DATE 03/30/2018 | Page 1 of 2 |
| TIME IN 11:01 AM | TIME OUT 11:18 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 The Chuck Wagon | | OWNER L.T & Rita Dobkins | | PERSON IN CHARGE Malarie White | |
| ADDRESS 308 Alvarado | | | ESTABLISHMENT LICENSE NO. | | COUNTY Maries |
| CITY/ZIP CODE Belle 65013 | | TELEPHONE NUMBER (573) 206-5783 | FAX NUMBER | SEWAGE DISPOSAL Public | REGION I |
| 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 | Routine |
| <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 |
| 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 |
| 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 |
| In Compliance | 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 |



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| ESTABLISHMENT NAME The Chuck Wagon | ADDRESS 308 Alvarado | 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 |
| Not Observed | 6-5 Maintenance and Operation |

Poisonous or Toxic Materials

| | |
|----------------|---|
| Not Observed | 7-1 Labeling and Identification |
| In Compliance | 7-2 Operational Supplies and Applications |
| Not Applicable | 7-3 Stock and Retail Sale |

Compliance and Enforcement

| | |
|----------------|---|
| In Compliance | 8-1 Modifications |
| Not Applicable | 8-2 HACCP Plan |
| Not Applicable | 8-3 Qualifications and Responsibilities |
| Not Applicable | 8-4 Ceasing Operations and Reporting |

(This section is currently blank in the provided image.)

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. *MW*
 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

Steam table in disrepair at this follow up inspection.

INSPECTION INFORMATION

| | |
|--|--------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE) Malarie White / Head Waitress <i>Malarie White</i> | DATE 03/30/2018 |
| INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010 <i>Debbie Matlock</i> | EPHS NO. 1508 |
| FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP N/A |