



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

DATE 05/29/2018	Page 1 of 2
TIME IN 10:34 AM	TIME OUT 11:10 AM

ESTABLISHMENT NAME The Senior Belle, LLC		OWNER Rebekah Lucas	PERSON IN CHARGE Rebekah Lucas	
ADDRESS 801 High 28 W		ESTABLISHMENT LICENSE NO.	COUNTY Maries	REGION I
CITY/ZIP CODE Belle 6501	TELEPHONE NUMBER (573) 220-957	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY H
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	Pre-Opening
<input type="checkbox"/> Restaurant	<input type="checkbox"/> School	<input checked="" 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
Ambient Air	39	Whirlpool			

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
7-204.11	<i>Sanitizer concentration in spray bottle too strong.</i> 7-204.11 Chemical sanitizers and other chemical antimicrobials applied to food-contact surfaces shall meet the requirements specified in 40 CFR 180.940.	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
4-302.14	<i>Absence of proper test kit or other device to measure the concentration of chlorine sanitizing solutions.</i> 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided.	05/31/2018
4-302.14	<i>Absence of proper test kit or other device to measure the concentration of heat as a sanitizing solutions.</i> 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided.	05/31/2018
6-202.14	<i>Men's; Women's restroom door not self-closing.</i> 6-202.14 A toilet room located on the premises shall be completely enclosed and provided with a tight-fitting and self-closing door.	05/31/2018

6-5-189A



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(This area is intentionally left blank for inspection notes.)

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 1 priority violations and 3 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.

RL

EDUCATION PROVIDED OR COMMENTS

(This area is intentionally left blank for education or comments.)

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Rebekah Lucas / Owner	<i>Rebekah Lucas</i>	DATE 05/29/2018
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010	EPHS NO. 1508	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DATE OF FOLLOW-UP 05/31/2018