MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL REGULATION AND LICENSURE

FOOD ESTABLISHMENT INSPECTION REPORT

DATE 10/24/2018 Page 1 of 1
TIME IN TIME OUT

Miletal Ch	E.					1:12 PM	01:55	PM	
ESTABLISHMENT NAME OWNER						PERSON IN CHARGE			
Thomas Quick Stop Samuel Thor				omas	as Whitney Smith				
				STABLISHMENT LICENSE	ABLISHMENT LICENSE NO.			REGION	
35635 Hw	y 28 West					Maries		l	
CITY/ZIP CO			FAX NUMBER	SE	WAGE DISP	OSAL	P.H. PRIORITY		
Belle 6501				P	Private L		L		
WATER SUP			D # 1/4	FROZEN DESSERT					
	Private Date Sampled: 10/24/2018 Result:N/A N/A Expires: N/A License Number:N/A ESTABLISHMENT TYPE PURPOSE								
Bakery	MENTITYPE ☑ C. Store	☐ Caterer	☐ Deli	Grocery Store	☐ Institutio	n \square Mo	obile	PURPOSE	
Restaura	=	Senior Cente	er Summer F.P.	☐ Tavern	Tempora	ary		Routine	
FOOD PRODUCT TEMP. (°F)			LOCATION	FOOD PRODU	CT TE	MP. (°F)	LO	CATION	
BRATS 39 V		/HIRLPOOL FRIDGE	CHEESEBURGE	EESEBURGER		REATAMER	RICANDELI COOLER		
HAM 3		39 D	ELI DISPLAY CASE						
MILK 40		40 F	REACH IN COOLER				·		
SMOKED SAUSAGE 140		140 ST	STEAM TABLE ROLLER						
PRIORITY ITEMS									
CODE DESCRIPTION: These items relate directly to factors which lead to foodborne illness. CORRECT									
REF.				TION within 72 hours or				BY	
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. 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. 5-102.14 Absence of most recent sample report for the nonpublic water system on file. Sample results are pending. 5-102.14 The most recent sample report for the nonpublic water system shall be retained on file.									
		AL AND NON CRITICAL							
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 critical violations and 0 non-critical 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.									
EDUCATION PROVIDED OR COMMENTS									
INSPECTION	NUNEORMATION								
INSPECTION INFORMATION RECEIVED BY (PERSON IN CHARGE/TITLE) DATE									
All Miran Somitale									
Whitney Smith / Cashier 10/24/2018 INSPECTOR/TELEPHONE NUMBER EPHS NO. FOLLOW-UP DATE OF THE PROPERTY OF THE PROPERTY OF THE PHS NO. FOLLOW-UP DATE OF THE PHS NO.									
INSPECTOR	V/TELEPHONE NUMBE	R A I -	bn . l. EPHS	S NO.	FOLLOW-UP	_	DATE OF F	OLLOW-UP	
Bethany B	Black / (573) 458-60	010 Lottary	1637	7	☑ YES	□ NO	10/31/20	18	