



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

DATE 06/07/2018	Page 1 of 1
TIME IN 03:02 PM	TIME OUT 03:16 PM

ESTABLISHMENT NAME Tiger Shark Waterpark		OWNER City of St. James		PERSON IN CHARGE Ryan Harlan	
ADDRESS 500 S Bourbeuse		ESTABLISHMENT LICENSE NO.		COUNTY Phelps	REGION I
CITY/ZIP CODE St. James 65559		TELEPHONE NUMBER (573) 458-6010	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY M

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						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	Follow-Up

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION

**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
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4-302.14	Absence of proper test kit or other device to measure the concentration of chlorine sanitizing solutions. 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided.	06/13/2018
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**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 1 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.

R.H.

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Ryan Harlan / Manager <i>Ryan Harlan</i>			DATE 06/07/2018
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010 <i>Debbie Matlock</i>	EPHS NO. 1508	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP 06/13/2018