



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

|                     |                      |
|---------------------|----------------------|
| DATE<br>10/19/2018  | Page 1 of 3          |
| TIME IN<br>11:30 AM | TIME OUT<br>12:15 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<br>Vienna Senior Center              |  | OWNER<br>City of Vienna |  | PERSON IN CHARGE<br>Fern Robertson |                           |
| ADDRESS<br>Ball Park Road P.O. Box 118                  |  |                         | ESTABLISHMENT LICENSE NO.                              |                                    | COUNTY<br>Maries          |
| CITY/ZIP CODE<br>Vienna 65582                           |  |                         | TELEPHONE NUMBER<br>(573) 422-3834                     | FAX NUMBER                         | SEWAGE DISPOSAL<br>Public |
| WATER SUPPLY<br>Community Date Sampled: N/A Result: N/A |  |                         | FROZEN DESSERT<br>N/A Expires: N/A License Number: N/A |                                    |                           |

|                                     |                                   |   |                                      |  |                                      |                                 |                    |
|-------------------------------------|-----------------------------------|---|--------------------------------------|--|--------------------------------------|---------------------------------|--------------------|
| ESTABLISHMENT TYPE                  |                                   |   |                                      |  |                                      |                                 | PURPOSE<br>Routine |
| <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 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 |
|------------------|------------|-------------|--------------|------------|----------|
| MILK             | 36         | MAXX COLD   | MILK         | 29         | ROPER    |
| BEEF AND NOODLES | 137        | STEAM TABLE |              |            |          |
| BRUSSELL SPROUTS | 145        | STEAM TABLE |              |            |          |
| BROCCOLI SOUP    | 167        | KETTLE      |              |            |          |

**RISK FACTORS AND INTERVENTIONS**

**Management and Personnel**

|               |                                 |
|---------------|---------------------------------|
| In Compliance | <b>2-1 Supervision</b>          |
| In Compliance | <b>2-2 Employee Health</b>      |
| In Compliance | <b>2-3 Personal Cleanliness</b> |
| In Compliance | <b>2-4 Hygienic Practices</b>   |

**Food**

|                   |  |
|-------------------|--|
| In Compliance     | <b>3-1 Characteristics</b>   |
| In Compliance     | <b>3-2 Sources, Specifications, and Original Containers and Records</b>  |
| Not In Compliance | <b>3-3 Protection From Contamination After Receiving</b><br><b>Core</b><br><i>Improper storage of dispensing utensil. Measuring cups being used for scooping flour &amp; sugar are stored on top of the bins. They should be stored in a smooth, easily cleanable container</i><br>3-304.12 During pauses in food preparation or dispensing, utensils being used shall be stored to prevent contamination.<br><b>Correct By:</b> Corrected On-site |
| In Compliance     | <b>3-4 Destruction Of Organisms Of Public Health Concern</b>   |
| In Compliance     | <b>3-5 Limitation Of Growth Of Organisms Of Public Health Concern</b>  |
| In Compliance     | <b>3-6 Food Identity, Presentation, and On-Premises Labeling</b>   |
| In Compliance     | <b>3-7 Contaminated Food</b>   |
| Not Applicable    | <b>3-8 Special Requirements for Highly Susceptible Populations</b>   |

**Equipment, Utensils, and Linens**

|               |   |
|---------------|---|
| In Compliance | <b>4-1 Materials For Construction and Repair</b>  |
| In Compliance | <b>4-2 Design and Construction</b>                |
| In Compliance | <b>4-3 Numbers and Practices</b>                  |
| In Compliance | <b>4-4 Location and Installation</b>              |
| In Compliance | <b>4-5 Maintenance and Operation</b>              |
| In Compliance | <b>4-6 Cleaning Of Equipment and Utensils</b>     |
| In Compliance | <b>4-7 Sanitization Of Equipment and Utensils</b> |



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**RISK FACTORS AND INTERVENTIONS**

**Equipment, Utensils, and Linens**

|                   |  |
|-------------------|--|
| Not Applicable    | <b>4-8 Laundering</b>  |
| Not In Compliance | <b>4-9 Protection Of Clean Items</b><br><u>Core</u><br><i>Employee stacking wet dishes before they had air-dried.</i><br>4-903.11 Cleaned equipment, utensils, laundered linens, and single-service items shall be stored in a clean, dry location where they are not exposed to contamination and shall be at least 6 inches above the floor. Clean equipment and utensils shall be stored in a self-draining position that allows air drying and shall be covered or inverted. Single-service items shall be kept in the original protective package or other means that afford protection until used.<br><b>Correct By:</b> Next Regular Inspection |

**Water, Plumbing, and Waste**

|                |   |
|----------------|---|
| In Compliance  | <b>5-1 Water</b>  |
| In Compliance  | <b>5-2 Plumbing System</b>  |
| Not Applicable | <b>5-3 Mobile Water Tank and Mobile Food Establishment Water Tank</b> |
| In Compliance  | <b>5-4 Sewage, Other Liquid Waste, and Rainwater</b>                  |
| In Compliance  | <b>5-5 Refuse, Recyclables, and Returnables</b>                       |

**Physical Facilities**

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

**Poisonous or Toxic Materials**

|                |  |
|----------------|--|
| In Compliance  | <b>7-1 Labeling and Identification</b>           |
| In Compliance  | <b>7-2 Operational Supplies and Applications</b> |
| Not Applicable | <b>7-3 Stock and Retail Sale</b>                 |

**Compliance and Enforcement**

|                |  |
|----------------|--|
| Not Applicable | <b>8-1 Modifications</b>                       |
| Not Applicable | <b>8-2 HACCP Plan</b>                          |
| Not Applicable | <b>8-3 Qualifications and Responsibilities</b> |
| Not Applicable | <b>8-4 Ceasing Operations and Reporting</b>    |

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**RISK FACTORS AND INTERVENTIONS**

*(This area is currently blank for risk factors and interventions.)*

**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 2 core violations of the food code. *RL*  
 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**

*(This area is currently blank for education provided or comments.)*

**INSPECTION INFORMATION**

|  |                          |
|--|--------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE)<br>Fern Robertson / Manager <i>Fern Robertson</i> | DATE<br>10/19/2018       |
| INSPECTOR/TELEPHONE NUMBER<br>Michelle Rafter / (573) 458-6010 <i>Michelle Rafter</i>  | EPHS NO.<br>1212         |
| FOLLOW-UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO       | DATE OF FOLLOW-UP<br>N/A |