



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

DATE 10/03/2018	Page 1 of 2
TIME IN 10:36 AM	TIME OUT 11:15 AM

ESTABLISHMENT NAME Waffle House		OWNER Bob Mericle		PERSON IN CHARGE Jaren Johnson	
ADDRESS 1405 Martin Springs Drive		ESTABLISHMENT LICENSE NO.		COUNTY Rolla	REGION I
CITY/ZIP CODE Rolla 65401		TELEPHONE NUMBER (573) 341-2655	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
<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

**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
5-205.15	<i>Establishment's plumbing in disrepair. Observed sewer gas smell in women's restroom.</i> 5-205.15 A plumbing system shall be repaired according to law and maintained in good repair.	10/24/2018

**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
5-205.15	<i>Establishment's plumbing in disrepair. Handwashing sink across from ice machine has a leaking pipe.</i> 5-205.15 A plumbing system shall be repaired according to law and maintained in good repair.	10/24/2018
4-903.11	<i>Employee stacking wet dishes before they had air-dried.</i> 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.	10/24/2018
4-903.11	<i>Wares stored improperly. All plates, bowls, cups, etc. need to be stored inverted or in a covered area to protect from contamination.</i> 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.	NRI



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

DATE 10/03/2018	Page 2 of 2
TIME IN 10:36 AM	TIME OUT 11:15 AM

ESTABLISHMENT NAME Waffle House	ADDRESS 1405 Martin Springs Drive	CITY Rolla
------------------------------------	--------------------------------------	---------------

*(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. J J  
 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 intentionally left blank for education or comments.)*

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Jaren Johnson / Manager <i>Jaren Johnson</i>		DATE 10/03/2018
INSPECTOR/TELEPHONE NUMBER Michelle Rafter / (573) 458-6010 <i>Michelle Rafter</i>	EPHS NO. 1212	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DATE OF FOLLOW-UP 10/24/2018