

PIKE COUNTY HEALTH DEPARTMENT
 OFFICE: 573-324-2111 FAX: 573-324-5517
FOOD ESTABLISHMENT REPORT

DATE: 1/18/19
 PAGE 1 OF 2

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: Johnny Diamonds OWNER: Carol Deters PERSON IN CHARGE: _____
 ADDRESS: 21200 Hwy 161 ESTABLISHMENT LICENSE NO. _____ COUNTY _____ REGION _____
 CITY/ZIP CODE: Bowling Green TELEPHONE NUMBER: 573-324-4747 FAX NUMBER _____ P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 Bakery C. Store Caterer Deli Grocery Store Institution Mobile
 Restaurant School Senior Center Summer F.P. Tavern Temporary

SEWAGE DISPOSAL: Public Private
 WATER SUPPLY: Community Non-Community Private
 Frozen Dessert: Approved Disapproved Not Applicable
 Date Sampled: _____ Result: _____ License Number: _____

PURPOSE: Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
<u>Chili</u>	<u>174°F</u>		<u>Steak</u>	<u>37°F</u>	
<u>Ranch</u>	<u>323°F</u>				

RISK FACTORS AND INTERVENTIONS

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Designated PIC, demonstration of knowledge and PIC duties	2-101.11 2-102.11 2-103.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature	3-401.11-13		
EMPLOYEE HEALTH					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Reheating for hot holding	3-403.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness, policy present. Proper use of reporting restrictions and exclusion	2-201.11-15			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cooling	3-501.14		
GOOD HYGIENIC PRACTICES					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Parasite destruction	3-402.11		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Eating, tasting, drinking or tobacco use	2-401.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Hot holding	3-501.16		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Discharges from eyes, nose, or mouth	2-401.12			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cold holding	3-501.16		
CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION					<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Date marking and disposition	3-501.17 3-501.18		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Clean condition, cleaning procedure, when to wash, and where to wash	2-301.11-12 2-301.14-15			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)	3-501.19		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Bare hand contact with ready-to-eat foods	3-301.11			CONSUMER ADVISORY				
APPROVED SOURCE					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food obtained from approved source	3-201.11-17			HIGHLY SUSCEPTIBLE POPULATIONS				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12			CHEMICAL				
PROTECTION FROM CONTAMINATION					<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used	7-1, 7-2, 7-3		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food segregated, separated and protected	3-302.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11			CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food display, consumer self-service, returned food / re-service of food	3-306.11-14			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			IN = In Compliance OUT = Not In Compliance N/A = not applicable COS = Corrected on Site R = Repeat N/O = Not Observed				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11							

RECEIVED BY (PERSON IN CHARGE/TITLE): Carol Deters DATE: 1/18/19
 INSPECTOR: Rebecca Grutsch EPHS NO. _____ FOLLOW-UP: YES NO DATE OF FOLLOW-UP: _____

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Johnny Diamonds</i>	ADDRESS <i>21200 Hwy 161</i>	CITY <i>BC</i>
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FOOD CODE REFERENCES	CRITICAL ITEMS			
2 MANAGEMENT/PERSONNEL	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 (DATE)	INIT.
2-1 Supervision		1) <i>John proper food storage - outbuilding</i>		
2-2 Employee Health		2) <i>NSF approved containers</i>		
2-3 Personal Cleanliness		3) <i>scooping improperly</i>		
2-4 Hygienic Practices		4) <i>spider webs</i>		
3 FOOD		5) <i>food should be stored off of ground</i>		
3-1 Characteristics		6) <i>take out containers need to be stored upside down.</i>		
3-2 Sources, Containers & Records		7) <i>Sauce - check refrigeration and needs date</i>		
3-3 Protection from Contamination		8) <i>Food handler certifi. & date</i>		
3-4 Cooking, Parasite Destruction, Reheating		9) <i>Sauces need to be dated</i>		
3-5 Limiting Growth of Organisms		10) <i>Scrap stored in food containers</i>		
3-6 Food Presentation & Labeling		11) <i>Seal concrete floor</i>		
3-7 Disposition of Contaminated Food		12) <i>Fan needs to be dusted</i>		
3-8 Highly Susceptible Populations		13) <i>Exhaust Fan needs to be dusted</i>		
4 EQUIP. UTENSILS & LINENS		14) <i>Walk in fan needs dusted</i>		
4-1 Characteristics & Use Limitations		15) <i>Walk in floor sealed - needs</i>		
4-2 Design & Construction		16) <i>sanitizer test strips</i>		
4-3 Numbers & Capacities		17) <i>No towel for drying</i>		
4-4 Location & Installation		18) <i>No lysol wipes</i>		
4-5 Maintenance & Operation		19) <i>No eating, drinking in kitchen</i>		
4-6 Cleaning of Equipment		20) <i>label chemicals</i>		
4-7 Sanitization		21) <i>gloves</i>		
4-8 Laundry		22) <i>hat, hairnet or visor</i>		
4-9 Protection of Clean Items				
5 WATER, PLUMBING & WASTE				
5-1 Water Source, Quality, Capacity		<i>300 mashed potatoes 136° crock pot</i>		
5-2 Plumbing		<i>gravy 110° time?</i>		
5-3 Mobile Water Tanks		<i>chili 174° crock pot</i>		
5-4 Sewage & Rainwater		<i>Chicken wing 94° - counter top</i>		
5-5 Refuse & Recyclables		<i>ham 41° Fridge</i>		
6 PHYSICAL FACILITIES		<i>hot sauce 41° Fridge</i>		
6-1 Materials for Construction		<i>Ranch 32 3° Fridge</i>		
6-2 Design, Construction, Installation		<i>colby cheese 41° walk in</i>		
6-3 Numbers & Capacities		<i>steak 31° walk in</i>		
6-4 Location & Placement		<i>post</i>		
6-5 Maintenance & Operation		<i>Mouse traps can not allow pests to leave</i>		
7 POISONOUS OR TOXIC ITEMS				
7-1 Labeling & Identification		<i>Food pyramid</i>		
7-2 Supplies & Applications		<i>quat test strips -</i>		
7-3 Storage & Display		<i>Midwest Pest - use kitchen approved spray (asked for training food safety)</i>		

EDUCATION PROVIDED OR COMMENTS

Bleach 50-100ppm *Temperature of Foods*
Sanitizer 300-400ppm *135°F or hotter* *41°F or cooler*

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Carl Peters</i>	DATE <i>1/10/19</i>		
INSPECTOR <i>Rebecca Grutsch</i>	EPHS NO. <i>—</i>	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP <i>—</i>