

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 Wagon Wheel 2		OWNER M. S. O'F	PERSON IN CHARGE
ADDRESS 16367 Bus. Hwy 61		ESTABLISHMENT LICENSE NO.	COUNTY Pike
CITY/ZIP CODE BG	TELEPHONE NUMBER 573-470-0291	FAX NUMBER	REGION
ESTABLISHMENT TYPE <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			
SEWAGE DISPOSAL <input type="checkbox"/> Public <input type="checkbox"/> Private		WATER SUPPLY <input type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private Date Sampled: _____ Result: _____	
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		License Number: _____	

PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
cat fish	154°	cook	ham	59°	counter
potatoes	105°	hold on the block	mashed	140°	hot hold
baked beans	181°	stove	pulled meat	160°	hot hold
burgers	140°	stove	milk	41°	fridge

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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cooling	3-501.14		
GOOD HYGIENIC PRACTICES					<input type="checkbox"/> IN <input checked="" 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	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	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	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	Bare hand contact with ready-to-eat foods	3-301.11			CONSUMER ADVISORY				
APPROVED SOURCE					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			HIGHLY SUSCEPTIBLE POPULATIONS				
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Receiving temperature / condition	3-202.11-19			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food segregated, separated and protected	3-302.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 COS = Corrected on Site OUT = Not In Compliance R = Repeat N/A = not applicable 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) _____ DATE 1/18/19
 INSPECTOR Rebecca Grubsch EPHS NO. _____ FOLLOW-UP YES NO DATE OF FOLLOW-UP _____

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

ESTABLISHMENT NAME <i>The Wagon Wheel 2</i>	ADDRESS <i>16367 Bus 61</i>	CITY <i>Bowling Green</i>
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FOOD CODE REFERENCES	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 MANAGEMENT/PERSONNEL				
2-1 Supervision		1) Ice scoop in ice		
2-2 Employee Health		2) Smoking in kitchen		
2-3 Personal Cleanliness		3) no hand soap		
2-4 Hygienic Practices		4) no hat/hair net or gloves		
3 FOOD		5) drinking/drink w/ food		
3-1 Characteristics		6) clean under equipment		
3-2 Sources, Containers & Records		7) items not date marked		
3-3 Protection from Contamination		8) Not NSF approved containers / crockpots		
3-4 Cooking, Parasite Destruction, Reheating		9) Not following Food storage pyramid lettuce under meat / sitting in blood		
3-5 Limiting Growth of Organisms		10) Eggs? Mike Bolty/Lauren		
3-6 Food Presentation & Labeling		11) spider webs		
3-7 Disposition of Contaminated Food		12) water damage ceiling tiles		
3-8 Highly Susceptible Populations		13) water		
4 EQUIP. UTENSILS & LINENS		13) Scoops in food		
4-1 Characteristics & Use Limitations		14) No sanitizer on step dishwashing		
4-2 Design & Construction		15) grease dumped on ground		
4-3 Numbers & Capacities		16) Sweep outside area		
4-4 Location & Installation		17) Concrete floor needs sealed		
4-5 Maintenance & Operation		18) single serve forks need to be stored up <i>handle -</i>		
4-6 Cleaning of Equipment				
4-7 Sanitization				
4-8 Laundry				
4-9 Protection of Clean Items				

FOOD CODE REFERENCES	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 (DATE)	INIT.
5 WATER, PLUMBING & WASTE				
5-1 Water Source, Quality, Capacity		19) cleaner stored with cup lids		
5-2 Plumbing		20)		
5-3 Mobile Water Tanks		* Stefanie D. will drop off food pyramid signs and hand washing signs with-in 1 week. *		
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables				
6 PHYSICAL FACILITIES				
6-1 Materials for Construction		* Please work on correcting items in 6 months. *		
6-2 Design, Construction, Installation				
6-3 Numbers & Capacities				
6-4 Location & Placement		* Items corrected today. *		
6-5 Maintenance & Operation		(2) (5) (7) (9) (14) (17)		
7 POISONOUS OR TOXIC ITEMS				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

EDUCATION PROVIDED OR COMMENTS

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