

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

DATE 4/15/19	PAGE 1 OF 2
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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 Shortline 666		OWNER Greg Ellis	PERSON IN CHARGE	
ADDRESS 309 N Jew		ESTABLISHMENT LICENSE NO.	COUNTY Pike	REGION
CITY/ZIP CODE Frankford, MO 63441	TELEPHONE NUMBER 573-784-2950	FAX NUMBER	P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE <input type="checkbox"/> Bakery <input checked="" 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 type="checkbox"/> Senior Center <input type="checkbox"/> Summer F.P. <input type="checkbox"/> Tavern <input type="checkbox"/> Temporary				
SEWAGE DISPOSAL <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		WATER SUPPLY <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private		FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable
Date Sampled: _____		Result: _____		License Number: _____

PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
Chicken salad	41.2°	Dr. Pepper cooler			
Ranch	38°	small coke cooler			

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 checked="" 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	Management awareness, policy present. Proper use of reporting restrictions and exclusion	2-201.11-15			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Reheating for hot holding	3-403.11		
GOOD HYGIENIC PRACTICES									
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Eating, tasting, drinking or tobacco use	2-401.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Cooling	3-501.14		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Discharges from eyes, nose, or mouth	2-401.12			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Parasite destruction	3-402.11		
CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION									
<input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Hot holding	3-501.16		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Bare hand contact with ready-to-eat foods	3-301.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cold holding	3-501.16		
APPROVED SOURCE									
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Date marking and disposition	3-501.17 3-501.18		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)	3-501.19		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12			CONSUMER ADVISORY				
PROTECTION FROM CONTAMINATION									
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food segregated, separated and protected	3-302.11			<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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11			HIGHLY SUSCEPTIBLE POPULATIONS				
<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	Pasteurized foods used, prohibited foods not offered	3-801.11		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			CHEMICAL				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used	7-1, 7-2, 7-3		
					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14		
CONFORMANCE WITH APPROVED PROCEDURES									
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process				CONFORMANCE WITH APPROVED PROCEDURES				

RECEIVED BY (PERSON IN CHARGE/TITLE) Donna A. ...	DATE 4-15-19
INSPECTOR [Signature]	EPHS NO.
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP Next Routine Inspection

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Shortline Lb	ADDRESS 309 N. Low	CITY Frankford, MO
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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				
2-2 Employee Health				
2-3 Personal Cleanliness				
2-4 Hygienic Practices		- food must be from approved sources and properly labeled	COS	
3 FOOD				
3-1 Characteristics				
3-2 Sources, Containers & Records				
3-3 Protection from Contamination				
3-4 Cooking, Parasite Destruction, Reheating		- an egg licence is required to sell eggs		
3-5 Limiting Growth of Organisms				
3-6 Food Presentation & Labeling				
3-7 Disposition of Contaminated Food				
3-8 Highly Susceptible Populations		- pizza oven and any other food preparation items must be washed, rinsed and sanitized using 3-step system		
4 EQUIP. UTENSILS & LINENS				
4-1 Characteristics & Use Limitations				
4-2 Design & Construction				
4-3 Numbers & Capacities				
4-4 Location & Installation				
4-5 Maintenance & Operation				
4-6 Cleaning of Equipment				
4-7 Sanitization				
4-8 Laundry				
4-9 Protection of Clean Items				

NON-CRITICAL ITEMS				
5 WATER, PLUMBING & WASTE	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.
5-1 Water Source, Quality, Capacity				
5-2 Plumbing				
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables		- a hat, hairnet or visor is required for food preparation		
6 PHYSICAL FACILITIES				
6-1 Materials for Construction				
6-2 Design, Construction, Installation				
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation		- mop must be hung to dry		
7 POISONOUS OR TOXIC ITEMS				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				
		- trash can in restroom required to have a lid		
		- damaged ceiling tiles should be repaired or replaced		
		- written policy for what to do regarding employee illness needed!		
		- door on restroom should be self-closing		

EDUCATION PROVIDED OR COMMENTS

*When you install the 3-compartment sink an indirect ^{plumbing} connection is required. Keep an eye on temp in Dr. Pepper cooled ^{Cold food} temps @ 41.2 must be 41° or lower.

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Donna Quinnigan</i>	DATE 4-15-19	
INSPECTOR	EPHS NO.	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		DATE OF FOLLOW-UP Next routine inspection