

FOOD ESTABLISHMENT REPORT

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: Lucky Star OWNER: Aifang Mu PERSON IN CHARGE: _____
 ADDRESS: 219N Bus Hwy 61 ESTABLISHMENT LICENSE NO.: _____ COUNTY: Pike REGION: _____

CITY/ZIP CODE: Bowling Green 63334 TELEPHONE NUMBER: 573-324-3533 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>chicken</u> | <u>40°</u> | <u>reach in</u> | <u>potatoes</u> | <u>150°</u> | <u>hot hold buffet</u> |
| <u>shrimp</u> | <u>38°</u> | <u>prep top</u> | <u>hot + semi soup</u> | <u>135°</u> | <u>"</u> |
| <u>peaches</u> | <u>38°</u> | <u>cold hold buffet</u> | | | |

RISK FACTORS AND INTERVENTIONS

| COMPLIANCE | DEMONSTRATION OF KNOWLEDGE | CODE REF. | R | COS | COMPLIANCE | POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE | CODE REF. | R | COS |
|---|--|-------------------------------------|---|-----|---|--|----------------------|---|-----|
| <input checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Cooling | 3-501.14 | | |
| GOOD HYGIENIC PRACTICES | | | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Parasite destruction | 3-402.11 | | |
| <input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input 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 | 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 | Time as a public health control (procedures / records) | 3-501.19 | | |
| <input checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT | Receiving temperature / condition | 3-202.11-19 | | | HIGHLY SUSCEPTIBLE POPULATIONS | | | | |
| <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 | | | <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 | | |
| PROTECTION FROM CONTAMINATION | | | | | CHEMICAL | | | | |
| <input type="checkbox"/> IN <input checked="" 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 | 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 contact surfaces cleaned & sanitized; cleaning frequency | 4-601.11A 4-602.11 | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Additives / approved, unapproved | 3-202.12 3-302.14 | | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food display, consumer self-service, returned food / re-service of food | 3-306.11-14 | | | CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Preventing contamination from equipment | 3-304.11 | | | <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 | Discarding / reconditioning unsafe food | 3-701.11 | | | IN = In Compliance COS = Corrected on Site OUT = Not In Compliance R = Repeat N/A = not applicable N/O = Not Observed | | | | |

RECEIVED BY (PERSON IN CHARGE/TITLE): Tracy DATE: 8/6/19

INSPECTOR: _____ 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>Lucky Star</i> | ADDRESS <i>219 N. Bus Hwy 101</i> | CITY <i>BG</i> |
|---|--------------------------------------|-------------------|

| 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 | | | | |
| 3 FOOD | | | | |
| 3-1 Characteristics | | | | |
| 3-2 Sources, Containers & Records | | | | |
| 3-3 Protection from Contamination | | | | |
| 3-4 Cooking, Parasite Destruction, Reheating | | | | |
| 3-5 Limiting Growth of Organisms | | | | |
| 3-6 Food Presentation & Labeling | | | | |
| 3-7 Disposition of Contaminated Food | | | | |
| 3-8 Highly Susceptible Populations | | | | |
| 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 | | | | |
|----------------------------|--|---|-------------------------|-------|
| | 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 | | - hat, hairnet or visor must be worn when preparing food/cooking | | |
| | 5-1 Water Source, Quality, Capacity | | | |
| | 5-2 Plumbing | - floor with broken or missing tiles needs repair must be a sealed surface | Next Routine inspection | |
| | 5-3 Mobile Water Tanks | | | |
| | 5-4 Sewage & Rainwater | | | |
| 6 PHYSICAL FACILITIES | | - any food prepared here that will not be used in 24 hours requires a 7-day discard date. | | |
| | 6-1 Materials for Construction | - all food in storage must be covered. | | |
| | 6-2 Design, Construction, Installation | - screen door has gap above door. This should ^{must} be repaired | | |
| | 6-3 Numbers & Capacities | | | |
| | 6-4 Location & Placement | | | |
| 7 POISONOUS OR TOXIC ITEMS | | - ice cream ^{sp} scoop must be in water >135° or in running water | | |
| | 7-1 Labeling & Identification | | | |
| | 7-2 Supplies & Applications | - damaged ceiling tiles need repair or replacement | Next inspection | |
| 7-3 Storage & Display | | | | |

EDUCATION PROVIDED OR COMMENTS
emergency procedure info shared.

| | |
|--|-----------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Tracy</i> | DATE <i>9/8/19</i> |
| INSPECTOR <i>[Signature]</i> | EPHS NO. |
| FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DATE OF FOLLOW-UP <input type="checkbox"/> | |