

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

DATE 7/30/19
 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: Taco Bell #3002072 OWNER: Bell Missouri LLC PERSON IN CHARGE: _____
 ADDRESS: 100 Sharry St. ESTABLISHMENT LICENSE NO.: _____ COUNTY: Pike REGION: _____
 CITY/ZIP CODE: Bowling Green 63334 TELEPHONE NUMBER: 573-324-5409 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
 Date Sampled: _____ Result: _____
 FROZEN DESSERT: Approved Disapproved Not Applicable
 License Number: _____

PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
Chips	164°	hot held drive through	chips	159°	hot held dine in
lettuce	34°	reach in	beans	140°	hot
quaco	41°	cold holding	quaco	37°	cold hold dine in
Chicken	140°	hot holding	lettuce	33.9°	reach in

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 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Parasite destruction	3-402.11		
<input checked="" type="checkbox"/> IN <input 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 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 <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	Time as a public health control (procedures / records)	3-501.19		
<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			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 <input checked="" type="checkbox"/> N/O	Food obtained from approved source	3-201.11-17			HIGHLY SUSCEPTIBLE POPULATIONS				
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 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			CHEMICAL				
PROTECTION FROM CONTAMINATION					<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 segregated, separated and protected	3-302.11			<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 <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 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			Legend: 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): Hattie Rossion RGM DATE: 7/30/19

INSPECTOR: [Signature] EPHS NO.: _____ FOLLOW-UP: YES NO DATE OF FOLLOW-UP: _____

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Taco Bell #3002072</i>	ADDRESS <i>100 Sharry St.</i>	CITY <i>BB</i>
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FOOD CODE REFERENCES	CRITICAL 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 (DATE)	INIT.
2 MANAGEMENT/PERSONNEL				
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				
5-1 Water Source, Quality, Capacity				
5-2 Plumbing				
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables				
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				
7 POISONOUS OR TOXIC ITEMS				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

EDUCATION PROVIDED OR COMMENTS
**Emergency Procedure information shared.*

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Kate Roken RIM</i>	DATE <i>7/30/19</i>
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INSPECTOR <i>Stefanie Davis</i>	EPHS NO.	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP
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