

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 <i>Josephine's Bakery</i>		OWNER <i>Karen Stoebley</i>	PERSON IN CHARGE	
ADDRESS <i>215-217 Georgia St</i>		ESTABLISHMENT LICENSE NO.	COUNTY <i>Pike</i>	REGION
CITY/ZIP CODE <i>Jerusalem 63353</i>	TELEPHONE NUMBER <i>573-754-9888</i>	FAX NUMBER	P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private		WATER SUPPLY <input checked="" 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
<i>Oranges</i>	<i>36°</i>	<i>Kitchen Fridge</i>			
<i>Strawberries</i>	<i>37°</i>	<i>Storage Room Fridge</i>			

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 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 checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	<i>Most in</i> 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cold holding <i>out</i>	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	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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			HIGHLY SUSCEPTIBLE POPULATIONS				
<input checked="" 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 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 <input type="checkbox"/> N/O <input type="checkbox"/> N/A	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 type="checkbox"/> IN <input checked="" 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			Legend: IN = In Compliance OUT = Not In Compliance N/A = not applicable COS = Corrected on Site R = Repeat N/O = Not Observed				
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11							

RECEIVED BY (PERSON IN CHARGE/TITLE): *Crystal Wallman* DATE: 8/29/19

INSPECTOR: *Stefanie Davis* EPHS NO.: _____ FOLLOW-UP: YES NO DATE OF FOLLOW-UP: 9/3/19

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Josephines Bakery</i>	ADDRESS <i>215-217 George St.</i>	CITY <i>Louisiana</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	7-202.12	<i>ORTHO Home Defense insect killer not food safe; Not approved for use in food service</i>	<i>CO5</i>	
2-2 Employee Health	(A)(2)			
2-3 Personal Cleanliness				
2-4 Hygienic Practices				
3 FOOD	3-603.11	<i>Consumer Advisory for raw or undercooked Foods; Not on display or on menu.</i>	<i>9/3</i>	
3-1 Characteristics				
3-2 Sources, Containers & Records	3-302.11	<i>Raw meats above RTE food; eggs on top shelf in kitchen fridge + sausage in storage room fr.idge</i>	<i>9/3</i>	
3-3 Protection from Contamination				
3-4 Cooking, Parasite Destruction, Reheating				
3-5 Limiting Growth of Organisms	3-201.11	<i>Food from unapproved source - jelly in storage room fridge</i>	<i>9/3</i>	
3-6 Food Presentation & Labeling				
3-7 Disposition of Contaminated Food				
3-8 Highly Susceptible Populations	3-501.11	<i>RTE foods not dated - storage room fridge</i>	<i>9/3</i>	
4 EQUIP. UTENSILS & LINENS	3-603.11	<i>Consumer advisory not on menu or displayed</i>	<i>9/3</i>	

	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	2-402.11	<i>a hat, hairnet or visor must be worn</i>	<i>9/3</i>	<i>CO5</i>
5-1 Water Source, Quality, Capacity	501.16			
5-2 Plumbing	3-306.12	<i>Condiments not protected - chocolate syrup + strawberry syrup must be refrigerated after opening</i>	<i>CO5</i>	
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables	3-305.11	<i>Food stored on floor or exposed to moisture/contamination - potatoes + onions under sink near dishwashers - dish soap stored above.</i>	<i>9/3</i>	
6 PHYSICAL FACILITIES	4-901.11	<i>Dishes dried with towel (not air dried)</i>	<i>9/3</i>	
6-1 Materials for Construction				
6-2 Design, Construction, Installation	4-301.12	<i>3-compartment sink required for manual ware washing</i>	<i>9/3</i>	
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation				
7 POISONOUS OR TOXIC ITEMS	4-701.10	<i>No sanitizer step in manual ware washing</i>	<i>9/3</i>	
7-1 Labeling & Identification	4-302.14	<i>No test kit for sanitizer</i>	<i>9/3</i>	
7-2 Supplies & Applications				
7-3 Storage & Display	4-101.19	<i>Butcher block counter top must be smooth and non-absorbent - this is currently a rough surface</i>	<i>9/3</i>	

EDUCATION PROVIDED OR COMMENTS

**dishwasher must reach 160° F to be used for sanitation; if this doesn't reach 160°, a 3-compartment sink + wash, rinse, sanitize cleaning methods will be required*

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Dipter Walker</i>	DATE <i>8/29/19</i>		
INSPECTOR <i>Stefanie Davis</i>	EPHS NO.	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP <i>9/3/19</i>

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Josephines Bakery</i>	ADDRESS <i>215-217 Georgia St.</i>	CITY <i>Louisiana</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				
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	6-201.18 studs, joists and rafters may not be exposed in areas subject to moisture - Storage room	Next Routine inspection		
5-1 Water Source, Quality, Capacity				
5-2 Plumbing	6-201.11 Floors shall be smooth and easily cleanable - Storage room floor needs to be sealed.	↓		
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater	6-501.16 Mop not properly stored or dried after use Mop must be hung today	9/3		
5-5 Refuse & Recyclables				
6 PHYSICAL FACILITIES				
6-1 Materials for Construction	4-904.11 Single service items not dispensed - coffee stir sticks must be individually wrapped or dispensed one at a time	9/3		
6-2 Design, Construction, Installation				
6-3 Numbers & Capacities				
6-4 Location & Placement	4-204.112 Thermometer missing in Storage room Fridge.	COS		
6-5 Maintenance & Operation				
7 POISONOUS OR TOXIC ITEMS				
7-1 Labeling & Identification	* dishes must be properly washed, rinsed & sanitized if not using mechanical dishwashing.	*		
7-2 Supplies & Applications				
7-3 Storage & Display	4-904.13 Table ware should be wrapped or any unused must be removed or cleaned like it was used.	This is being done		

EDUCATION PROVIDED OR COMMENTS

* Food storage in upper store room, if this Room is used for anything other than dry storage it will need: sealed floors + easily cleanable walls + ceiling

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Crystal Waltman</i>	DATE <i>8/29/19</i>
INSPECTOR <i>Stefanie Davis</i>	EPHS NO.
FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP <i>9/3/19</i>