

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

DATE 10/16/19
 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 Bowling Green Diner OWNER Fitim Tika PERSON IN CHARGE Tim
 ADDRESS 19 S. Bus Hwy 61 ESTABLISHMENT LICENSE NO. _____ COUNTY Pike REGION _____
 CITY/ZIP CODE Bowling Green 63334 TELEPHONE NUMBER _____ 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>gravy</u>	<u>148°</u>	<u>hot holding</u>	<u>eggs</u>	<u>82°</u>	<u>counter</u>
<u>corn</u>	<u>145°</u>	<u>hot holding</u>	<u>broccoli soup</u>	<u>135°</u>	<u>hot holding</u>
<u>hamburgers</u>	<u>39°</u>	<u>white fridge</u>	<u>soup</u>	<u>71°</u>	<u>beverage cooler</u>
<u>dressing</u>	<u>39°</u>	<u>reach in</u>			

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 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 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"/>	<input 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				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11		<input checked="" type="checkbox"/>	<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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11		<input checked="" type="checkbox"/>	<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 OUT = Not In Compliance N/A = not applicable COS = Corrected on Site R = Repeat N/O = Not Observed				

RECEIVED BY (PERSON IN CHARGE/TITLE) Tim DATE 10/16/19

INSPECTOR Stefanie Davis EPHS NO. _____ FOLLOW-UP YES NO DATE OF FOLLOW-UP 10/21/19

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME BG Diner	ADDRESS 195. Bus Hwy 61	CITY Bowling Green
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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)
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			
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)
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

* check all hot / other sauces for "keep refrigerated after opening"
 * Emergency procedures shared

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>[Signature]</i>	DATE 10/16/19
INSPECTOR <i>[Signature]</i>	EPHS NO.
FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF FOLLOW-UP 10/21/19	