

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

DATE 10/4/19	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 Wagon Wheel #2	OWNER Missy Orf	PERSON IN CHARGE Missy
ADDRESS 16367 Bus Hwy 61	ESTABLISHMENT LICENSE NO.	COUNTY Pike
CITY/ZIP CODE Bowling Green 63334	TELEPHONE NUMBER 573-470-0291	FAX NUMBER
ESTABLISHMENT TYPE		P.H. PRIORITY

Bakery     C. Store     Caterer     Deli     Grocery Store     Institution     Mobile  
 Restaurant     School     Senior Center     Summer F.P.     Tavern     Temporary

SEWAGE DISPOSAL <input type="checkbox"/> Public <input type="checkbox"/> Private	WATER SUPPLY <input 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 type="checkbox"/> Not Applicable License Number: _____
---	---	---

PURPOSE  
 Pre-Opening     Follow-Up     Routine     Complaint     Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
chili	103°/157°	Crockpot (make sure to stir thru)	ketchup	32°	white fridge in dining room
beef	159°	hot holding	eggs	42°	black fridge
green beans	160°	"	eggs	35°	white fridge
pork chops	162°	crockpot			

**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		
<b>EMPLOYEE HEALTH</b>									
<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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Reheating for hot holding	3-403.11		
<b>GOOD HYGIENIC PRACTICES</b>									
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Parasite destruction	3-402.11		
<b>CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION</b>									
<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 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	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		
<b>APPROVED SOURCE</b>									
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			<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 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			<b>CONSUMER ADVISORY</b>				
<b>PROTECTION FROM CONTAMINATION</b>									
<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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		<input checked="" type="checkbox"/>
<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			<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			<b>CHEMICAL</b>				
<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		
					<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process			

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) Missy Orf	DATE 10/4/19
INSPECTOR Stefanie Davis	EPHS NO.
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP

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

ESTABLISHMENT NAME <i>The Wagon Wheel 2</i>	ADDRESS <i>16367 Bus 61</i>	CITY <i>Bowling Green</i>
--	--------------------------------	------------------------------

FOOD CODE REFERENCES	<del>CRITICAL ITEMS</del>		CORRECT BY (DATE)	INIT.
<b>2 MANAGEMENT/PERSONNEL</b>	<b>CODE REF.</b>	<b>DESCRIPTION:</b> These items relate directly to factors which lead to foodborne illness. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.		
2-1 Supervision				
2-2 Employee Health				
2-3 Personal Cleanliness				
2-4 Hygienic Practices				
<b>3 FOOD</b>				
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				
<b>4 EQUIP. UTENSILS &amp; LINENS</b>				
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				
		<i>NOTE Stir food in crockpots regularly to distribute heat and maintain food safety</i>		

		<b>NON-CRITICAL ITEMS</b>	CORRECT BY (DATE)	INIT.
<b>5 WATER, PLUMBING &amp; WASTE</b>	<b>CODE REF.</b>	<b>DESCRIPTION:</b> These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.		
5-1 Water Source, Quality, Capacity		<i>- No splash / low splash or scented bleach not allowed, only "regular" bleach allowed in food service</i>		
5-2 Plumbing				
5-3 Mobile Water Tanks		<i>- everyone preparing food must wear hat, visor or hairnet.</i>		
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables				
<b>6 PHYSICAL FACILITIES</b>				
6-1 Materials for Construction		<i>- vent hood beginning to show grease accumulation consider increasing cleaning frequency</i>		
6-2 Design, Construction, Installation		<i>- glue traps are allowed, discard when used</i>		
6-3 Numbers & Capacities				
6-4 Location & Placement		<i>- floor must be a non-absorbent, smooth and easily cleanable, brick tile and concrete areas must be sealed</i>		
6-5 Maintenance & Operation				
<b>7 POISONOUS OR TOXIC ITEMS</b>				
7-1 Labeling & Identification		<i>NOTE - heat food to proper temp before placing food into hot holding.</i>		
7-2 Supplies & Applications				
7-3 Storage & Display				
		<i>NOTE Bleach should be 100ppm for sanitizing</i>		

**EDUCATION PROVIDED OR COMMENTS**  
*\*Black fridge holding on edge of food safety temps everything must be 41° or below. Monitor temps. \*Emergency Procedures shared.*

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Messy Day</i>	DATE <i>10/4/19</i>
INSPECTOR <i>Stefanie Davis</i>	EPHS NO. _____ FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE OF FOLLOW-UP _____