

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: Fast Lane #26 OWNER: Warrenton Oil Co PERSON IN CHARGE: _____
 ADDRESS: 101 W Outer Rd ESTABLISHMENT LICENSE NO.: _____ COUNTY: Pike REGION: _____
 CITY/ZIP CODE: Eolia 63344 TELEPHONE NUMBER: 573-485-7000 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
 License Number: 1123-10320

PURPOSE: Pre-Opening Follow-Up Routine Complaint Other egg lic until 6/30/20

| FOOD PRODUCT | TEMP | LOCATION | FOOD PRODUCT | TEMP | LOCATION |
|-------------------------|-------------|--------------------|-------------------|-------------|--------------------------|
| <u>Milk</u> | <u>39°</u> | <u>walk in</u> | <u>Roller dog</u> | <u>147°</u> | <u>Roller grill</u> |
| <u>Chicken tenders</u> | <u>192°</u> | <u>cooking</u> | <u>cheese</u> | <u>135°</u> | <u>wrappers</u> |
| <u>gizzards</u> | <u>138°</u> | <u>hot holding</u> | <u>sauerkraut</u> | <u>38°</u> | <u>cold holding</u> |
| <u>* banana peppers</u> | <u>44°</u> | <u>prep table</u> | <u>sandwiches</u> | <u>39°</u> | <u>open chest cooler</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 type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper cooking, time and temperature | 3-401.11-13 | | |
| EMPLOYEE HEALTH | | | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 | 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 type="checkbox"/> IN <input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input 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 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 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 checked="" type="checkbox"/> IN <input 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 OUT = Not In Compliance N/A = not applicable COS = Corrected on Site R = Repeat N/O = Not Observed | | | | |

RECEIVED BY (PERSON IN CHARGE/TITLE): _____ DATE: 11/1/19

INSPECTOR: Stefanie Davis EPHS NO.: _____ FOLLOW-UP: YES? NO DATE OF FOLLOW-UP: only if prep table

continues to hot hold @ prep temp

FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|---|--------------------------------|----------------------|
| ESTABLISHMENT NAME <i>Fastlane #26</i> | ADDRESS <i>101 Outer Rd</i> | CITY <i>Eolia</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 | | | | |
|--|-----------|---|-------------------|-------|
| 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) | 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

NOTE: if your dumpster lids become detached you are required to have one with lids.

| | | | |
|--|------------------------|---|---|
| RECEIVED BY (PERSON IN CHARGE/TITLE) | DATE <i>11-1-10</i> | | |
| INSPECTOR | EPHS NO. | FOLLOW-UP <input type="checkbox"/> YES ? <input type="checkbox"/> NO | DATE OF FOLLOW-UP <i>will text pic</i> |