

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

DATE 12/13/19	PAGE 1 OF 2
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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>Saint's Avenue Cafe</i>	OWNER <i>Randy & Tina Ferris</i>	PERSON IN CHARGE
ADDRESS <i>102 Sharry St.</i>	ESTABLISHMENT LICENSE NO.	COUNTY <i>Pike</i>
CITY/ZIP CODE <i>Bowling Green 63334</i>	TELEPHONE NUMBER	FAX NUMBER
ESTABLISHMENT TYPE	P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	

<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	FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable
Date Sampled: _____	Result: _____	License Number: _____

PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
<i>milk</i>	<i>39.5°</i>	<i>walk in</i>	<i>fried chicken</i>	<i>90°</i>	<i>above frier</i>
<i>mac+cheese</i>	<i>39°</i>	<i>reach in</i>	<i>mashed potatoes</i>	<i>110°</i>	<i>not hold in kitchen</i>
<i>fish</i>	<i>51°</i>	<i>kitchen counter</i>	<i>salsa</i>	<i>51°</i>	<i>cold buffet</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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> N/O	Eating, tasting, drinking or tobacco use	2-401.11			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Hot holding	3-501.16		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> N/O	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 type="checkbox"/> IN <input checked="" 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 checked="" 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"/> N/O	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 checked="" type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19			HIGHLY SUSCEPTIBLE POPULATIONS				
<input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A	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"/> N/A	Food segregated, separated and protected	3-302.11			<input checked="" type="checkbox"/> IN <input 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"/> 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 type="checkbox"/> IN <input checked="" 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 <i>James Evans</i>	DATE 12/13/19		
INSPECTOR <i>Stefanie Davis</i>	EPHS NO.	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP 12/17/19

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Saints Ave</i>	ADDRESS <i>102 Sherry St.</i>	CITY <i>BO, MO</i>
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FOOD CODE REFERENCES	CRITICAL ITEMS	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	<p>★ NOTE: once food has reached proper cooking temp it must be held above <u>135° F</u> OR below <u>41° F</u></p> <p>★ Caroline hot food for storage: food must be re-cooled cooled to below 70° F within 2 hours then be below 41° F within 4 hours. Shallow pans and ice baths can keep food the proper temps. <u>this is for your information, not a violation</u></p>		
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			
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			

CRITICAL ITEMS

- Bare hand contact with ready to eat food - onion COS

- Cold salsa, sour cream & other "Mexican" items being held on buffet at 51° F - must be held below 41° F OR replaced and discarded after 4 hours.

- Cream pies must be held at 41° F or below OR discarded after 4 hours.

- after cutting raw meat, cutting surface must be washed, rinsed and sanitized before cutting anything else.

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.
	- No soap at hand sink	COS	
	- all employees sanitizing preparing food must wear a hat, hairnet or visor.		
	- improper thawing - food may only be thawed under running water, in cooler/refrigerator or in microwave just prior to cooking		
	- all food in storage must be covered - desserts - rolls	COS	
	- Walk in freezer seal not clean, floors, walls		
	- Walk in freezer seal not clean, needs service		
	- check all bottled sauce for refrigeration requirements		
	- mops must be hung to dry		
	- wiping clothes must be stored in sanitizer		
	- food should not be stored in outdoor shed with	COS	
	toxic - mashed potato flakes & salt		
	- bulk food bags (mashed potatoes) must be closed when not in use		
	- non-food contact surfaces should be cleaned daily		
	debris - north doors, outside of freezer, outside of ice machine		
	food items on ground outside near dumpster		

EDUCATION PROVIDED OR COMMENTS

* towels may not be used in food service/storage

★ suggest all employees who cook or prepare food take a food safety class.

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>James Evans</i>	DATE <i>12/13/19</i>
INSPECTOR <i>Stefanie Davis</i>	EPHS NO. _____ FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE OF FOLLOW-UP <i>12/17/19</i>