

**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: Southside Bar + Grill OWNER: \_\_\_\_\_ PERSON IN CHARGE: \_\_\_\_\_  
 ADDRESS: 110 W. Main St. 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  
 Date Sampled: \_\_\_\_\_ Result: \_\_\_\_\_  
 FROZEN DESSERT:  Approved  Disapproved  Not Applicable  
 License Number: \_\_\_\_\_

PURPOSE:  
 Pre-Opening  Follow-Up  Routine  Complaint  Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION

**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 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 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		
<b>GOOD HYGIENIC PRACTICES</b>					<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 type="checkbox"/> N/O <input checked="" 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"/> 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	Cold holding	3-501.16		
<b>CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION</b>					<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"/> N/O <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"/> 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Bare hand contact with ready-to-eat foods	3-301.11			<b>CONSUMER ADVISORY</b>				
<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"/> N/O <input type="checkbox"/> OUT	Receiving temperature / condition	3-202.11-19			<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<input type="checkbox"/> IN <input type="checkbox"/> N/O <input checked="" type="checkbox"/> OUT <input 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/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
<b>PROTECTION FROM CONTAMINATION</b>					<b>CHEMICAL</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	Toxic substances properly identified, stored and used	7-1, 7-2, 7-3		
<input type="checkbox"/> IN <input checked="" 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 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			<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			<input type="checkbox"/> IN <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): Stefanie Davis DATE: 12/27/19  
 INSPECTOR: Stefanie Davis EPHS NO.: \_\_\_\_\_ FOLLOW-UP:  YES  NO DATE OF FOLLOW-UP: 12/30/19

Stefanie Davis

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

ESTABLISHMENT NAME <i>Southside Bar &amp; Grill</i>	ADDRESS <i>110 W. Main St.</i>	CITY <i>Bowling Green</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 <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.	CORRECT BY (DATE)	INIT.
2-1 Supervision		<i>- improper use of gloves - you must wash your hands before putting on gloves or changing gloves. Do not touch raw food/meat with gloves then touch bread</i>		
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				

*- damaged ceiling tiles need replacement for repair*

FOOD CODE REFERENCES	NON-CRITICAL ITEMS			
5 WATER, PLUMBING & WASTE	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.
5-1 Water Source, Quality, Capacity		<i>- towels, sponges, pads, sponges may not be used in ware washing. Green scrubbers may be used. NO towels in drying - low splash and/or scented bleach may be used in food service - ice scoop with handle must be used. - under tea prep table needs cleaning - fan on counter needs cleaning - cleaning agents stored with food items - Every thing made or repackaged on site must have 7-day discard date unless it will be used within 24 hours. - all containers, bottles, wrapped cheese, etc. - duck tape may not be used in kitchen - Backdoor may not be open unless it has a screen - Ventilation and Backdoor is on in walk in cooler needs cleaning for - drinks are allowed in kitchen - must be covered, COS - towels for cleaning must be kept in bucket w/ sanitizer water - utensils with damage need replacement - behind/next to filter needs cleaning</i>		
5-2 Plumbing				
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables				
<b>6 PHYSICAL FACILITIES</b>				
6-1 Materials for Construction				
6-2 Design, Construction, Installation				
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation				
<b>7 POISONOUS OR TOXIC ITEMS</b>				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

**EDUCATION PROVIDED OR COMMENTS**

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Sallee Deote</i>	DATE <i>12/27/19</i>		
INSPECTOR <i>[Signature]</i>	EPHS NO.	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP <i>12/30/19</i>