

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

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| DATE 2/3/2020 | 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 Dairy Queen | OWNER Daulat Khan | PERSON IN CHARGE |
| ADDRESS 1600 Bus Hwy 61S | ESTABLISHMENT LICENSE NO. | COUNTY Pike |
| CITY/ZIP CODE Bowling Green 63334 | TELEPHONE NUMBER | FAX NUMBER |

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|---|--|
| ESTABLISHMENT TYPE | P.H. PRIORITY |
| <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 | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |

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|--|--|--|
| 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 Date Sampled: _____ Result: _____ | FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License Number: _____ |
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| PURPOSE |
| <input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Other |

| FOOD PRODUCT | TEMP | LOCATION | FOOD PRODUCT | TEMP | LOCATION |
|--------------|------|----------|--------------|------|----------|
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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 | | |
| | EMPLOYEE HEALTH | | | | <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 | | |
| <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 | Cooling | 3-501.14 | | |
| | GOOD HYGIENIC PRACTICES | | | | <input checked="" 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 <input type="checkbox"/> N/O | Eating, tasting, drinking or tobacco use | 2-401.11 | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 | 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 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 <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 | Time as a public health control (procedures / records) | 3-501.19 | | |
| <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 | | | | CONSUMER ADVISORY | | | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Food obtained from approved source | 3-201.11-17 | | | <input checked="" 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 <input checked="" type="checkbox"/> N/O | Receiving temperature / condition | 3-202.11-19 | | | | HIGHLY SUSCEPTIBLE POPULATIONS | | | |
| <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 | | | <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 <input type="checkbox"/> N/A | 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 | | |

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| RECEIVED BY (PERSON IN CHARGE/TITLE) Mika Kulepatnik | DATE 2/3/2020 | | |
| INSPECTOR Stefanie Davis | EPHS NO. | FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP |

FOOD ESTABLISHMENT INSPECTION REPORT

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|--|-------------------------------------|------------------------------|
| ESTABLISHMENT NAME <i>Dairy Queen</i> | ADDRESS <i>11600 Bus Hwy 615</i> | CITY <i>Bowling Green</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 | | | |
|---|--------------------|---|-------------------|-------|
| 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 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

Store following 4 hour time limit for foods that require refrigeration while stored in prep cooler that is not functioning correctly.

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| RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Mika Alepathiell</i> | DATE <i>2/3/2020</i> | | |
| INSPECTOR <i>[Signature]</i> | EPHS NO. | FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP |