

*Walk in vents dusty
need cleaning*

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

DATE: 7/9/21
 PAGE 1 OF 1

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: Abels Quik Shop # 15 OWNER: _____ PERSON IN CHARGE: _____
 ADDRESS: 1601 Bus Hwy 615 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 Frozen Dessert
 SEWAGE DISPOSAL: Public Private WATER SUPPLY: Community Non-Community Private FROZEN DESSERT: Approved Disapproved Not Applicable
 Date Sampled: _____ Result: _____ License Number: _____

PURPOSE: Pre-Opening Follow-Up Routine Complaint Other

| FOOD PRODUCT | TEMP | LOCATION | FOOD PRODUCT | TEMP | LOCATION |
|-------------------|------------|------------------------|--------------|------|----------|
| <u>sandwiches</u> | <u>40°</u> | <u>grab n go</u> | | | |
| <u>42-42</u> | <u>39°</u> | <u>creamers cooler</u> | | | |
| <u>milk</u> | <u>34°</u> | <u>walk in</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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper cooking, time and temperature | 3-401.11-13 | | |
| | EMPLOYEE HEALTH | | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> N/O <input checked="" 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 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 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 | Bare hand contact with ready-to-eat foods | 3-301.11 | | | | CONSUMER ADVISORY | | | |
| | APPROVED SOURCE | | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Consumer advisory for raw or undercooked food | 3-603.11 | | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from approved source | 3-201.11-17 | | | | HIGHLY SUSCEPTIBLE POPULATIONS | | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O | Receiving temperature / condition | 3-202.11-19 | | | <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 | | |
| <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 | | | | CHEMICAL | | | |
| | PROTECTION FROM CONTAMINATION | | | | <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 segregated, separated and protected | 3-302.11 | | | <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 <input type="checkbox"/> N/A | Food contact surfaces cleaned & sanitized; cleaning frequency | 4-601.11A 4-602.11 | | | | CONFORMANCE WITH APPROVED PROCEDURES | | | |
| <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Compliance with HACCP plan, variance / specialized process | | | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Preventing contamination from equipment | 3-304.11 | | | | | | | |
| <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): [Signature] DATE: 7/9/21
 INSPECTOR: _____ EPHS NO.: _____ FOLLOW-UP: YES NO DATE OF FOLLOW-UP: _____