



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 11:14 TIME OUT 12:07
PAGE 1 of 2

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: Jays BBQ | | OWNER: Barbra McFarland | PERSON IN CHARGE: Barb McFarland | |
| ADDRESS: 104 Conrad St. | | | COUNTY: Bollinger | |
| CITY/ZIP: Marble Hill 63764 | | PHONE: 573-238-1199 | FAX: | P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE <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 VENDORS <input 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"/> TEMP. FOOD | | | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | 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 _____ Results _____ |
| License No. _____ | | | | |

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| Compliance | Demonstration of Knowledge | COS | R | Compliance | Potentially Hazardous Foods | COS | R |
|--|---|-----|---|--|---|-----|---|
| <input checked="" type="checkbox"/> OUT | Person in charge present, demonstrates knowledge, and performs duties | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooking, time and temperature | | |
| Employee Health | | | | | | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooling time and temperatures | | |
| Good Hygienic Practices | | | | | | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT N/A | Proper hot holding temperatures | | |
| IN OUT <input checked="" type="checkbox"/> N/A | No discharge from eyes, nose and mouth | | | IN <input checked="" type="checkbox"/> T N/O N/A | Proper cold holding temperatures | | |
| | | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper date marking and disposition | | |
| | | | | | Time as a public health control (procedures / records) | | |
| Preventing Contamination by Hands | | | | | | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | IN OUT <input checked="" type="checkbox"/> N/A | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | | IN OUT <input checked="" type="checkbox"/> N/A | Highly Susceptible Populations | | |
| | | | | | Pasteurized foods used, prohibited foods not offered | | |
| Approved Source | | | | | | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | IN OUT <input checked="" type="checkbox"/> N/A | Chemical | | |
| IN OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | <input checked="" type="checkbox"/> OUT | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Toxic substances properly identified, stored and used | | |
| IN OUT N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | | | IN OUT <input checked="" type="checkbox"/> N/A | Conformance with Approved Procedures | | |
| | | | | | Compliance with approved Specialized Process and HACCP plan | | |
| Protection from Contamination | | | | | | | |
| <input checked="" type="checkbox"/> OUT N/A | Food separated and protected | | | The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed | | | |
| <input checked="" type="checkbox"/> OUT N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| IN OUT <input checked="" type="checkbox"/> N/A | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| IN | OUT | Safe Food and Water | COS | R | IN | OUT | Proper Use of Utensils | COS | R |
|---|-------------------------------------|---|-----|---|-------------------------------------|---|----------------------------------|-----|---|
| <input checked="" type="checkbox"/> | | Pasteurized eggs used where required | | | | <input checked="" type="checkbox"/> | In-use utensils: properly stored | | |
| <input checked="" type="checkbox"/> | | Water and ice from approved source | | | <input checked="" type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled | | | |
| Food Temperature Control | | | | | | | | | |
| <input checked="" type="checkbox"/> | | Adequate equipment for temperature control | | | <input checked="" type="checkbox"/> | Single-use/single-service articles: properly stored, used | | | |
| <input checked="" type="checkbox"/> | | Approved thawing methods used | | | <input checked="" type="checkbox"/> | Gloves used properly | | | |
| | <input checked="" type="checkbox"/> | Thermometers provided and accurate | | | <input checked="" type="checkbox"/> | Utensils, Equipment and Vending | | | |
| | | | | | <input checked="" type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | | |
| Food Identification | | | | | | | | | |
| <input checked="" type="checkbox"/> | | Food properly labeled; original container | | | <input checked="" type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | | | |
| Prevention of Food Contamination | | | | | | | | | |
| <input checked="" type="checkbox"/> | | Insects, rodents, and animals not present | | | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean | | | |
| | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage and display | | | <input checked="" type="checkbox"/> | Physical Facilities | | | |
| <input checked="" type="checkbox"/> | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | Hot and cold water available; adequate pressure | | | |
| | <input checked="" type="checkbox"/> | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | Plumbing installed; proper backflow devices | | | |
| | | Fruits and vegetables washed before use | | | <input checked="" type="checkbox"/> | Sewage and wastewater properly disposed | | | |
| | | | | | <input checked="" type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned | | | |
| | | | | | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | | |
| | | | | | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | | |

Person in Charge / Title: **Barb McFarland** *Barbara J. McFarland* Date: **27 Jan 23**

Inspector: *[Signature]* Telephone No. **238-2817** EPHS No. **1753** Follow-up: Yes No
Follow-up Date: _____

