

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

TIME IN 09:30 TIME OUT 10

PAGE 1 of 2

WITH ANY TIM	E LIMITS	FOR CORRE	Y, THE ITEMS NOTE ICH SHORTER PERI CTIONS SPECIFIED	OD OF TIME AS IN THIS NOTICE	MAY BE	SPEC	IFIFD	IN WE	ITING BY	THE REGI	ACILITIES WHICH MUULATORY AUTHORITY OPERATIONS.	ST BE CORREC	COMPL	Y THE Y
Lucky's II Cafe			OWNER:	wner: ohn Buchholtz/Michelle Elmer						PERSON IN CH	PERSON IN CHARGE: Same			
ADDRESS: 311 High Street					SHIT BUSHNOREZ/WIGHCIE EITHER					COUNTY: Bol	COUNTY: Bollinger			
Marble Hill 63764			PHONE: 573-238-	E: -238-9889 FAX:					P.H. PRIORITY : H M			] L		
ESTABLISHMENT TYPE  BAKERY  C. STORE  CATERER  RESTAURANT  SCHOOL  SENIOR CENTER			ENTER DO	☐ DELI ☐ GROCERY STORE ☐ Ⅱ				INSTITUTION	☐ MOBILE V	ENDOR	S			
PURPOSE Pre-oper		Routine	Follow-up	☐ Complaint	Ot Ot	22		IAVER	N		TEMP.FOOD			-
FROZEN DE	SSERT		SEWAGE DISPO	SAL		VIII THE	TER S	UPPL		100000000000000000000000000000000000000			-	
Mark Control of the C	□ Approved □ Disapproved □ Disapproved □ PRIVATE □ COMMUNITY □ NON-COMMUNITY □ PRIVATE □ PRIVATE □ Date Sampled □ PRIVATE □ Results □ PRIVATE □ P													
License No. 1	1//			RISK FA	CTORS	S AND	INTE	RVEN	ITIONS		HAT WE SHIP HE WAS NOT		NAME OF TAXABLE PARTY.	
Risk factors a foodborne illne	re food p	preparation praceaks. Public he	ctices and employee lealth interventions a	behaviors most corre control measure	ommonly	y report	ed to t	he Cer	iters for Dis	ease Con	trol and Prevention as o	contributing facto	rs in	
				CO						CO	S R			
OUT Person in charge present, demonstrates know and performs duties			trates knowledge			IN	IN OUT NO N/A Proper cooking, time and temperature		erature					
	DUT	Management	Employee Health awareness; policy pr	1 esent					N/O NA					
	DUT	Proper use of	f reporting, restriction	and exclusion					N/O NA					-
IN OUT	NED	Proper eating	Good Hygienic Pract tasting, drinking or t					OUT	T N/A N/O N/A		Proper cold holding temperatures Proper date marking and disposition			
IN OUT	NED		from eyes, nose and				and the second		N/O N	Time as	a public health control			
		Prev	enting Contamination	by Hands				S-S-all/1	W. C	records)	Consumer Adviso	OLA		
■ OUT	N/O	Hands clean	and properly washed				IN	Consumer advisory pro-		er advisory provided for				
IN OUT	NED		contact with ready-to							underco	Highly Susceptible Pop	oulations		
	DUT		ndwashing facilities su					OUT	N/O N/A		zed foods used, prohibi	ted foods not		
			Approved Source					offered Chemical			16			
	DUT	Food obtained	d from approved sour d at proper temperatu	ce			IN							
DESCRIPTION OF THE PROPERTY OF	) N/A		120 (0 //5						OUT	used	bstances properly ident	ified, stored and		
IN OUT N/C	UT		condition, safe and u ords available: shellst			-	100	Conformance with Approved Procedures  Compliance with approved Specialized Process						
114 001 14/0		destruction	otection from Contam				IN	00	A T	and HAC	CCP plan			
OUT	N/A		ed and protected				The	The letter to the left of each item indicates that item's status at the time of			of the			
OUT	N/A	Food-contact	surfaces cleaned & s	sanitized			insp	inspection.  IN = in compliance  OUT = not in compliance						
IN OUT	N	Proper dispos	sition of returned, prev	viously served,			N		ot applicable		N/O = not observ			
					OOD R									
IN OUT			actices are preventati fe Food and Water	ve measures to c	cos	e introd	duction	of pat	hogens, che		nd physical objects into	foods.	cos	0
X	Pasteu		ed where required		COS	K	×	001	In-use ut		roper Use of Utensils operly stored		COS	R
×	Water	and ice from ap	pproved source				×		Utensils, handled		nt and linens: properly s	tored, dried,		
	Food Temperature Control					×		Single-u	-use/single-service articles: properly stored, used					
×		ate equipment ved thawing me	for temperature contractions used	ol			×		Gloves	Itensil		ing		
×			ed and accurate		×		×			Utensils, Equipment and Vending and nonfood-contact surfaces cleanable, properly				
	PUSS	F	ood Identification		1.1		×				cted, and used ities: installed, maintain	ed. used: test		
×	Food n	roperly labeled	f; original container				×		strips us					
		Preventio	n of Food Contamina	tion			, ,			Physical Facilities				
×			animals not present nted during food prepare	aration, storage			X			at and cold water available; adequate pressure				
	and dis	splay					×			ewage and wastewater properly disposed				
^	Personal cleanliness: clean outer clothing, hair restraint, fingernalls and jewelry  Wining cleths: properly used and stored.						×			oilet facilities: properly constructed, supplied, cleaned				
Wiping cloths: properly used and stored     Fruits and vegetables washed before use						×		Garbage	/refuse pr	operly disposed; facilitie	es maintained			
Person in Ch	arge /Ti	tle: C					×		Physical		nstalled, maintained, an			
Person in Charge /Title: Same    Date: 11 April 2025    Inspector:   Telephone No.   EPHS No.   Follow-up:   Yes   No.														
inspector:	ni.	N. Ci	aper	573	238-2	2817			EPHS No 1753		ollow-up:	Yes	☑ N	lo
MO 580-1814 (9-13)	-	0		DISTRIBUTION: WHITE				-	CANARY - FIL					E6.37



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TIME IN OS	9:30	TIME OUT 10
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COTAD IOUNE	NT VIVE						
Lucky's II Cafe		311 High Street		Marble Hill 63764			
FO	OOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCA	ATION	TEMP. in ° F		
	Refrigerator	40					
	Drink Cooler	39					
	Corn in warmer						
Code		PRIORITY IT	EMS		Correct by	Initial	
Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	elimination, prevention or reduction E IMMEDIATE ACTION within 72 I	to an acceptable level, hazards associa hours or as stated.	ted with foodborne illness	(date)		
Code		CORE ITEM	MS .		Correct by	Initial	
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls facilities or str	uctures equipment design general mai	ntenance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSOPs	operational controls, facilities or str ). These items are to be corrected	uctures equipment design general mai	ntenance or sanitation s stated.	(date)	Initial	
Reference	Thermometer needed in refr	operational controls, facilities or str ). These items are to be correcte igerator	uctures equipment design general mai	ntenance or sanitation s stated.		Initial	
Reference 4-204.112	standard operating procedures (SSOPs	operational controls, facilities or str ). These items are to be corrected igerator untain.	uctures equipment design general mai	ntenance or sanitation s stated.	(date)	Initial	
Reference 4-204.112 6-201.11	Thermometer needed in refr Hole in ceiling over soda fou Hole in Ceiling in storeroom.	operational controls, facilities or str ). These items are to be correcte igerator intain.	uctures, equipment design, general mai ed by the next regular inspection or a	ntenance or sanitation s stated.	(date)	Initial	
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