



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

TIME IN 1:25	TIME OUT 2:20
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: 5 Star China	OWNER: Andy Guo	PERSON IN CHARGE: Andy Guo
ADDRESS: 2105 Jefferson Street	CITY/ZIP: Perryville 63775	COUNTY: 157
PHONE: 517.7333	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input 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 checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
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 <input checked="" type="checkbox"/> Not Applicable License No. _____	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 _____

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
(IN) OUT	Person in charge present, demonstrates knowledge, and performs duties			(IN) OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			(IN) OUT N/O N/A	Proper reheating procedures for hot holding		
(IN) OUT	Management awareness; policy present			(IN) OUT N/O N/A	Proper cooling time and temperatures		
(IN) OUT	Proper use of reporting, restriction and exclusion			(IN) OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			(IN) OUT N/A	Proper cold holding temperatures		
(IN) OUT N/O	Proper eating, tasting, drinking or tobacco use			(IN) OUT N/O N/A	Proper date marking and disposition		
(IN) OUT N/O	No discharge from eyes, nose and mouth			(IN) OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
(IN) OUT N/O	Hands clean and properly washed			(IN) OUT N/A	Consumer advisory provided for raw or undercooked food		
(IN) OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
(IN) OUT	Adequate handwashing facilities supplied & accessible	✓		(IN) OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
(IN) OUT	Food obtained from approved source			(IN) OUT N/A	Food additives: approved and properly used		
(IN) OUT (N/O) N/A	Food received at proper temperature			(IN) OUT	Toxic substances properly identified, stored and used		
(IN) OUT	Food in good condition, safe and unadulterated			(IN) OUT (N/A)	Conformance with Approved Procedures		
(IN) OUT N/O N/A	Required records available: shellstock tags, parasite destruction			(IN) OUT	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance N/A = not applicable COS = Corrected On Site OUT = not in compliance N/O = not observed R = Repeat Item			
(IN) OUT N/A	Food separated and protected	✓					
(IN) OUT N/A	Food-contact surfaces cleaned & sanitized						
(IN) OUT N/O	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
✓		Pasteurized eggs used where required			✓		In-use utensils: properly stored		
✓		Water and ice from approved source			✓		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			✓		Single-use/single-service articles: properly stored, used		
✓		Adequate equipment for temperature control			✓		Gloves used properly		
✓	✓	Approved thawing methods used	✓				Utensils, Equipment and Vending		
✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			✓	✓	Warewashing facilities: installed, maintained, used; test strips used		
✓		Food properly labeled; original container			✓		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
✓		Insects, rodents, and animals not present			✓		Hot and cold water available; adequate pressure		
✓	✓	Contamination prevented during food preparation, storage and display	✓		✓		Plumbing installed; proper backflow devices		
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Sewage and wastewater properly disposed		
✓		Wiping cloths: properly used and stored			✓		Toilet facilities: properly constructed, supplied, cleaned		
✓		Fruits and vegetables washed before use			✓		Garbage/refuse properly disposed; facilities maintained		
					✓		Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>[Signature]</i>	Date: 7/11/18
Inspector: <i>[Signature]</i>	Telephone No. 547.6564
EPHS No. 1492	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: N/A





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PAGE 2 of 2	

ESTABLISHMENT NAME 5 Star China	ADDRESS 2105 Jefferson Street	CITY Perryville	ZIP 63775
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.
Raw Chicken / Washie	67°F	Raw Beef / Walk-in	43°F
Raw Pork / Thawing	36°F	Rice Cooling / Cold line	91°
Breaded Chicken / Washie	37°F		
Egg Roll / Small Refriger	46°F		

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
3-501.13	Thawing raw pork at Room temperature	005	bc

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
3-302.1(A)	Various Raw foods (Pork, Chicken) stored uncovered in walk-in / thawing	005	bc
3-302.1(A)	Rice, flour, etc stored open in large bulk bags	005	bc
6-301.11	No Soap at Hand sink	005	bc
6-301.12	No paper towels at hand sink	005	bc
4-501.115	Wipe test		
<del>4-501.115</del>	Wipe test kit for sanitizer		
4-101.17	Using wood for Cutting Board (Voluntarily disposed of)	005	bc
7-204.1	Sanitizer too strong (Demonstrated proper concentration / use)		
6-202.15	Gap at bottom of back service door - allowing flies - not tight-fitting to protect against entry of insects		

EDUCATION PROVIDED OR COMMENTS  
 Purchase sanitizer (bleach) test strip - Please use!!

Person in Charge / Title:	Date: 7/11/18
Inspector: Dawn Clifton	Telephone No. 577-6564
	EPHS No. 1472
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: N/A