



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

TIME IN 8:30	TIME OUT 9:30
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: <i>CHIN Restaurant</i>	OWNER: <i>Xuekai Zhang</i>	PERSON IN CHARGE: <i>James Ainsworth</i>
ADDRESS: <i>1301 S. Perryville Blvd.</i>	CITY/ZIP: <i>Perryville 65115</i>	COUNTY: <i>151</i>
PHONE: <i>513.605.1599</i>	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 type="checkbox"/> MOBILE VENDORS <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"/> TEMP. FOOD		
PURPOSE <input checked="" type="checkbox"/> Pre-opening <input 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 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/A N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT N/A N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/A N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/A 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/A N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/A N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			IN OUT N/A	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed				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/A 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/A N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used <i>Sera, bottle</i>		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/A N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	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 OUT = not in compliance N/A = not applicable COS = Corrected On Site 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: <i>2/5/18</i>
Inspector: <i>[Signature]</i>	Telephone No. <i>513-547-6564</i>
EPHS No. <i>1322/1492</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: <i>ASAP</i>



TIME IN 8:30	TIME OUT 9:30
PAGE 2 of 2	

ESTABLISHMENT NAME		ADDRESS		CITY	ZIP	
CHIN Restaurant		1301 S. Perryville Blvd.		Perryville	63775	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.	
Walk in cooler - Kitchen		35°F				
Make line cooler - Kitchen		38°F				
Code Reference	PRIORITY ITEMS				Correct by (date)	Initial
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.						
7-601.11(A)	All dishes + utensils not clean - dish containers + storage					
7-601.11(A)	Both can opener blades rusted in poor repair				* getting new blades	
4-601.11	Ice scoop holder rusty - not cleanable					
7-602.11	Unlabeled spray bottles					
X						
Code Reference	CORE ITEMS				Correct by (date)	Initial
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.						
6-303.11	Not sufficient light in dry storage room					
9-601.11(c)	Buffets tops not clean w/ dust - equipment dusty					
5-203.11(B)	Womens middle rampade is leaking					
4-601.11(c)	Womens first rampade not clean					
6-501.12	No soap/paper towels at drink stations + signs					
6-501.19	No toilet paper in restrooms					
6-502.12(A)	Floors throughout not clean -					
3-302.12	Bulk food containers (white) not labeled					
X						
<div style="display: inline-block; border: 1px solid black; padding: 2px;">160°F 71°C</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">160°F 71°C</div>						
EDUCATION PROVIDED OR COMMENTS						
Person in Charge / Title: <i>[Signature]</i>					Date: <i>2/5/18</i>	
Inspector: <i>[Signature]</i>		Telephone No. <i>573-547-6564</i>		EPHS No. <i>1322/1492</i>		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				Follow-up Date: <i>ASAP</i>		



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TIME IN 3:00 TIME OUT 4:30
PAGE 1 of 2

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ESTABLISHMENT NAME: CHIN Restaurant OWNER: Xiu Kai Zhang PERSON IN CHARGE: Xiu Kai Zhang
ADDRESS: 1301 S. Perryville Blvd COUNTY: 157
CITY/ZIP: Perryville 63775 PHONE: 573 605 1599 FAX: _____ P.H. PRIORITY: ☒ H ☐ M ☐ L

ESTABLISHMENT TYPE
☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ MOBILE VENDORS
☐ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ SUMMER F.P. ☐ TAVERN ☐ TEMP. FOOD

PURPOSE
☒ Pre-opening ☐ Routine ☐ Follow-up ☐ Complaint ☐ Other

FROZEN DESSERT ☒ Approved ☐ Disapproved SEWAGE DISPOSAL ☒ PUBLIC ☐ PRIVATE WATER SUPPLY ☒ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE
Date Sampled _____ Results _____

License No. Pending

RISK FACTORS AND INTERVENTIONS

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<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	Good Hygienic Practices			IN OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use			IN OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
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<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			IN OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Approved Source			<input checked="" type="checkbox"/> OUT N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
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<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Xiu Kai Zhang Xiu Kai Zhang

Date: 2/6/18

Inspector: James E. Brown Telephone No. 573-547-6564

EPHS No. 1492

Follow-up: ☐ Yes ☒ No
Follow-up Date: n/a N/A



TIME IN 3:00	TIME OUT 4:30
PAGE 2 of 2	

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