



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

TIME IN 8:45AM	TIME OUT 9:30AM
DATE 6/4/2024	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: Days Inn	OWNER: Vira, LLC	PERSON IN CHARGE: Chintu Patel, Owner
ADDRESS: 1500 Liberty St.	ESTABLISHMENT NUMBER: 157-04708	COUNTY: Perry - 157
CITY/ZIP: Perryville 63775	PHONE: (573) 547-1091	FAX: (573) 547-3908
P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L		

ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY <input checked="" type="checkbox"/> RESTAURANT	<input type="checkbox"/> C. STORE SCHOOL	<input type="checkbox"/> CATERER SENIOR CENTER	<input type="checkbox"/> DELI SUMMER F.P.	<input type="checkbox"/> GROCERY STORE TAVERN	<input type="checkbox"/> INSTITUTION TEMP. FOOD	<input type="checkbox"/> MOBILE VENDORS
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PURPOSE
 Pre-opening
 Routine
 Follow-up
 Complaint
 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 _____
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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			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
Employee Health							
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT N/O <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O <input checked="" type="checkbox"/> 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/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
Preventing Contamination by Hands							
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible				Consumer Advisory		
					Consumer advisory provided for raw or undercooked food		
Approved Source							
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Chemical		
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	Food additives: approved and properly used		
					Toxic substances properly identified, stored and used		
Protection from Contamination							
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected				Conformance with Approved Procedures		
IN <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized		✓		Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				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 COS = Corrected On Site R = Repeat Item							

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		
<input checked="" type="checkbox"/>		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: <i>hcb</i> Chintu Patel, Owner	Date: 6/4/2024
Inspector: <i>Reagan Mackay</i> Reagan Mackay	Telephone No. (573) 547-6564 EPHS No. 1847 Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 6/7/2024



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ESTABLISHMENT NAME Days Inn		ADDRESS 1500 Liberty St.		CITY/ZIP Perryville 63775	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
2% milk / cold holding in Haier cooler		45.0	hard boiled egg / cold holding in Haier cooler		44.0
Haier cooler ambient		38.0			

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
4-501.114	O: Owner mixed the approved EcoLab quat sanitizer, when the concentration was tested it was at 0 parts per million (ppm). The owner ran out of sanitizer during the inspection and was not able to get the concentration to the correct 200 parts per million (ppm). COS: The owner mixed the quat sanitizer to a concentration of 200ppm.	COS	<i>c.l</i>
6-501.111	O: Live and dead cockroaches were observed in the 3 compartment sink and around the outlet above the 3 compartment sink. Comment: During follow-up inspection 4 live cockroaches were observed around the cabinets in the warewashing room. The owner showed the inspector a receipt that All Star pest control came 6/3/2024.	6/7/2024	<i>c.l</i>

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
	All core items have been corrected.		

EDUCATION PROVIDED OR COMMENTS

*Facility is using EPA approved EcoLab Proforce sanitizer in 3 compartment sink and for sanitizing food contact surfaces.

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		EPHS No.	1847
		Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:	6/7/2024