



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

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|---------|------------|----------|---------|
| TIME IN | 3:30 pm | TIME OUT | 4:30 pm |
| DATE | 06/08/2020 | 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.

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| ESTABLISHMENT NAME: The Frohna Recreational Club Food Stand | OWNER: The Frohna Recreational Club | PERSON IN CHARGE: Wayne Meyer |
| ADDRESS: 6441-6699 Main Street | ESTABLISHMENT NUMBER: | COUNTY: Perry - 157 |
| CITY/ZIP: Frohna, MO 63748 | PHONE: 573-768-0137 | FAX: |
| PURPOSE: <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |

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|---|--|--|---|
| ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> MOBILE VENDORS | 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 | | |
| <input checked="" type="checkbox"/> OUT | Employee Health | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper cooling time and temperatures | | |
| <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 N/O | Good Hygienic Practices | | | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | IN OUT <input checked="" type="checkbox"/> N/A | Time as a public health control (procedures / records) | | |
| <input checked="" type="checkbox"/> OUT N/O | Preventing Contamination by Hands | | | IN OUT <input checked="" type="checkbox"/> N/A | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | IN OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT N/O | 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 | | | IN OUT <input checked="" type="checkbox"/> N/A | Chemical | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | IN OUT <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT N/O N/A | Food received at proper temperature | | | <input checked="" type="checkbox"/> OUT | Toxic substances properly identified, stored and used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | IN OUT <input checked="" type="checkbox"/> N/A | Conformance with Approved Procedures | | |
| <input checked="" type="checkbox"/> OUT N/O N/A | Required records available: shellstock tags, parasite destruction | | | IN OUT <input checked="" type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan | | |
| <input checked="" type="checkbox"/> OUT N/A | 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 N/O = not observed COS = Corrected On Site R = Repeat Item | | | |
| <input checked="" type="checkbox"/> OUT N/A | Food separated and protected | | | | | | |
| <input checked="" type="checkbox"/> OUT N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input checked="" type="checkbox"/> 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 |
|-------------------------------------|-----|---|-----|---|-------------------------------------|-----|---|-----|---|
| <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 | | |
| <input checked="" type="checkbox"/> | | Food Temperature Control | | | <input checked="" type="checkbox"/> | | Single-use/single-service articles: properly stored, used | | |
| <input checked="" type="checkbox"/> | | Adequate equipment for temperature control | | | <input checked="" type="checkbox"/> | | Gloves used properly | | |
| <input checked="" type="checkbox"/> | | Approved thawing methods used | | | <input checked="" type="checkbox"/> | | Utensils, Equipment and Vending | | |
| <input checked="" type="checkbox"/> | | Thermometers provided and accurate | | | <input checked="" type="checkbox"/> | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| <input checked="" type="checkbox"/> | | Food Identification | | | <input checked="" type="checkbox"/> | | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input checked="" type="checkbox"/> | | Food properly labeled; original container | | | <input checked="" type="checkbox"/> | | Nonfood-contact surfaces clean | | |
| <input checked="" type="checkbox"/> | | Prevention of Food Contamination | | | <input checked="" type="checkbox"/> | | Physical Facilities | | |
| <input checked="" type="checkbox"/> | | Insects, rodents, and animals not present | | | <input checked="" type="checkbox"/> | | Hot and cold water available; adequate pressure | | |
| <input checked="" type="checkbox"/> | | Contamination prevented during food preparation, storage and display | | | <input checked="" type="checkbox"/> | | Plumbing installed; proper backflow devices | | |
| <input checked="" type="checkbox"/> | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | | Sewage and wastewater properly disposed | | |
| <input checked="" type="checkbox"/> | | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | | Toilet facilities: properly constructed, supplied, cleaned | | |
| <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 | | |

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| Person in Charge/Title: <i>Wayne Meyer</i> Wayne Meyer | Date: 06/08/2020 |
| Inspector: <i>Melanie Zernicke</i> Melanie Zernicke | Telephone No. 573-547-6564 |
| EPHS No. 1682 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Follow-up Date: N/A |



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| ESTABLISHMENT NAME The Frohna Recreational Club Food Stand | | ADDRESS 6441-6699 Main Street | | CITY/ZIP Frohna, MO 63748 | |
| FOOD PRODUCT/LOCATION | | TEMP. In ° F | FOOD PRODUCT/ LOCATION | | TEMP. In ° F |
| General Electric cooler / freezer | | 40.0 / 6.0 | | | |
| White Frigidaire chest freezer | | 5.0 | | | |
| Front white Frigidaire cooler / freezer | | 38.0 / -5.0 | | | |

| 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 |
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| Notes: | Water for facility is supplied by the Altenburg/Frohna Wastewater Treatment Facility. Strickland Engineering, LC is the company that oversees the Altenburg/Frohna Wastewater Treatment Facility stated that this food stand does not require a grease trap to be connected to the city sewer system due to it being a pre-existing facility; inspector received an email from Brian W. Strickland, Professional Engineer with Strickland Engineering, LC. | | |
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| 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 |
|----------------|--|-------------------|---------|
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| 4-501.11 (B) | Observation: Manual 3-compartment sink is missing sink plugs. Required: Equipment components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications. | 06/12/20 NRI MB | |
| 6-202.15 (C) | Observation: Kitchen door has gaps around sides of door frame. Required: Outer openings of a food establishment shall be protected against the entry of insects and rodents by solid, self-closing, tight-fitting doors. | 06/12/20 NRI MB | |

*NRI = Next Routine Inspection MB

EDUCATION PROVIDED OR COMMENTS

Inspector discussed cleaning and maintenance of food and non-food contact surfaces, standard operating procedures, employee illness/hygiene, and best retail practices to prevent the spread of COVID-19. This facility is approved to open, next inspection will be routine.

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| Person in Charge /Title: Wayne Meyer | | Date: 06/08/2020 |
| Inspector: <i>Melanie Zernicke</i> Melanie Zernicke | Telephone No. 573-547-6564 | EPHS No. 1682 |
| Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Follow-up Date: N/A |