

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

TIME IN 8:45 am	TIME OUT 9:45 am					
DATE 07/27/2020	PAGE	1	of	2		

NEXT ROUTINE I	NSPEC	TION, OR SUCH SHORTER F	PERIOD OF TIME AS MA	Y BE SPE	CIFIED I	N WRIT	ING BY T	HE REGUL				
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESTABLISHMENT NAME:  Holiday Inn Express & Suites  OWNER: Alex Patel				AT RESUL	PERSON IN CHARGE: Alex Patel							
ADDRESS: 2020 Jefferson Street					ESTABLISHMENT NUMBER: COUNTY: Perry - 157			rry - 157				
CITY/ZIP: Perryville, MO 63775 PHONE: (573) 605-1385								м	L			
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI					GROCEI	RY STOR	E R	NSTITUTION EMP.FOOD	☐ MOBILE VE	ENDORS	,	
PURPOSE Pre-openin		Routine Follow-up	94.99 E-555 - 25.50 - 5.50	Other _					ZIIII I OOD			
FROZEN DESSERT Approved Disapproved Not Applicable  SEWAGE DISPOSAL PUBLIC			\$15000 P	COMM				MMUNITY	☐ PRIVATE			
License 1	No		☐ PRIVAT					Date Sai	mpled	_ Results _		
			RISK FACT	AND STREET, ST	marana se al	William Golden	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,					
Risk factors are foodborne illness	food p	reparation practices and emplo	yee behaviors most com ons are control measures	monly repo	rted to the	ne Cente ne illnes	ers for Dis	ease Contro	ol and Prevention as	contributing facto	rs in	
foodborne illness outbreaks. Public health interventions are control measures to pi  Compliance Demonstration of Knowledge CC				R Compliance Potentially Hazardous Foods					us Foods	COS	R	
<b>√</b> OUT	OUT Person in charge present, demonstrates knowledge,			IN (	DUT T	N/A	Proper cooking, time and temperature					
and performs duties  Employee Health			lealth		IN (	IN OUT N/O NA Proper reheating procedures for hot hold			for hot holding			
JV OUT		Management awareness; poli				1 TUC	NO NA					
TUO NL	OUT Proper use of reporting, restriction and exclusion  Good Hygienic Practices			-	IN OUT N/O N/A Proper hot holding temperatures  N/A Proper cold holding temperatures					+-	+	
OUT N/O	OUT N/O Proper eating, tasting, drinking or tobacco use					OUT N/O N/A Proper date marking and disposition				osition		
ON TUO N		No discharge from eyes, nose	and mouth		IN ·	IN OUT N/O WA Time as records)			public health contro	(procedures /		
		Preventing Contamin						Mark Street	Consumer Advi			
OUT N/O Hands clean and properly washed				IN				mer advisory provided for raw or ooked food				
OUT N/O  No bare hand contact with ready-to-eat foods approved alternate method properly followed									Highly Susceptible Populations			
Adequate handwashing facilities supplied & accessible				W.	OUT N/O N/A Pasteu offered			zed foods used, prohibited foods not			$\top$	
Approved Source				1.2	Gilored			Chemical				
OUT Food obtained from approved source				IN OUT NA Food additives: approv								
IN OUT N/A Food received at proper temperature				IN	IN ROT used		used	bstances properly identified, stored and		1		
Food in good condition, safe and unadulterated  Required records available: shellstock tags, parasite								rmance with Approv ce with approved Sp			+	
IN OUT N/O MAN destruction				IN	OUT	NA	and HAC		Coldinated 1 100033			
Protection from Contamination			-	The	letter to	the left of	f each item	indicates that item's	etatus at the time	of the		
OUT N/A Food separated and protected  IN OVT N/A Food-contact surfaces cleaned & sanitized			-	The letter to the left of each item indicates that item's status at the time of the inspection.								
Described to the state of the s				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
OUT N/O reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item												
CASE CASE CASE		Good Retail Practices are prev		OD RETAIL			ogens ch	emicals an	d physical phiects in	to foods		
IN OUT		Safe Food and Wa		COS R					oper Use of Utensils	10 10003.	cos	R
Pasteurized eggs used where required			1			tensils: prop	perly stored	ratavad da-d				
Water and ice from approved source					1	handled	sils, equipment and linens: properly stored, dried,			1		
Food Temperature Control					1			-use/single-service articles: properly stored, used				
7		ate equipment for temperature	control		/		Gloves	used proper		adina	_	
		ved thawing methods used cometers provided and accurate	<del>-</del>		7	Utensils, Equipment and Vending  Food and nonfood-contact surfaces cleanable, prope					_	
LV.						ned, constructed, and used						
Food Identification		n		~		Warewa strips us		ies: installed, mainta	ined, used; test			
	Food	d properly labeled; original container				✓ Nonfood-contact surfaces clean						
	Insect	Prevention of Food Contamination  Cts, rodents, and animals not present  Physical Facilities  Hot and cold water available; adequate press			pressure	-						
	Conta	ntamination prevented during food preparation, storage			V	Discription installed assess backflow devices				A ACCORDING TO THE PARTY OF THE		
and display				-	Sewage	and waster	water properly dispo	sed				
fingernails and jewelry			V									
	Wiping cloths: properly used and stored				1				perly constructed, su perly disposed: facil			-
			440		V		Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean					
Person in Charge /Title: Parks Alex Patel Date: 07/27/2020												
Inspector:		. 17	NA-1- · -	17	Telepho	ne No.	EPH		ollow-up:	□Yes	■ N	lo
MO 580-1814 (9-13)	24	met til	Melanie Zerr				54 1682 CANARY - FI		ollow-up Date: N/a	a	6512F	E6.37



## MISSOURI DEPARTMEN. JF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN Holiday Inn E	T NAME xpress & Suites	ADDRESS 2020 Jefferson Street	L S	Y/ZIP rryville, MO 63775				
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION			ı°F		
Egg and cheese omelet / hot holding on hot holding unit		156.0	Maxx Cold freeze	10.0				
Sausage patty / hot holding on hot holding unit		159.0	Maxx Cold refrigera	38.0				
Pepper omelet / hot holding on hot holding unit		154.0	IDW Coca Cola cooler			N		
Juice dispensing cooler		39.0	True Coca Cola					
	Dairy and yogurt cooler 40.0							
Code Reference	Priority items contribute directly to the elin or injury. These items MUST RECEIVE II		to an acceptable level, hazards associ	ciated with foodborne illness	Correct by (date)	Initial		
4-501.114  Notes:	Observation: Member's mark sanitizer is mixed to 150 parts per million (ppm). According to manufacturer's use and directions Member's mark shall be mixed to 200 ppm to effectively sanitize food contact surfaces under a 60 second immersion.  Required: Inspector observed manager re-mixed Member's mark sanitizer to 200 ppm during inspection.  Warewashing equipment: Manual 3-compartment sink - approved Member's mark sanitizer at 150 ppm / 200 ppm (see noted item 4-501.114). Inspector verified concentration using a quaternary test strip during inspection.  NRI = next routine inspection							
Code Reference		CORE ITEMS general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.						
4-204.112 (A)								
4-601.11 (C)	Observation: Maxx Cold freezer has an ice-like build-up forming on guard cooling unit fan inside freezer. The hot well of oatmeal warmer is soiled with a lime-like debris.  Required: Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.							
4-901.11 (A)	Observation: Measuring cup drying on top of towel on clean end of manual 3-comapartment sink. Required: After cleaning and sanitizing, equipment and utensils shall be air-dried. CORRECTED: Inspector observed owner removed towel and re-wash, rinse, and sanitize measuring cup.							
Water and S	Sewer is provided by the City of P	EDUCATION PROVID	l is conducted on a monthly l	basis by Orkin Pest mo	enthy basis,			
	viewed reports. Inspector discuss	ed best retail practices for	r COVID-19 prevention, and :	Date: 07/07/00				
Person in Ch	harge /Title:		Alex Patel	20				
Inspector:	mi. 171	Melanie Zernicke	Telephone No. EPHS		□Yes	■ No		
MO 580-1814 (9-13	" when I	DISTRIBUTION: WHITE - OWNER'S COPY	573-547-6564 1682	Follow-up Date: N/a	a	E6.37A		