



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

TIME IN	11:15 am	TIME OUT	12:00 pm
DATE	02/18/2020	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.

ESTABLISHMENT NAME: Ewald's BBQ	OWNER: Terry & Dottie Buchheit	PERSON IN CHARGE: Eric Buchheit
ADDRESS: 18 E. North Street	ESTABLISHMENT NUMBER:	COUNTY: Perry - 157
CITY/ZIP: Perryville, MO 63775	PHONE: 573-547-8585	FAX:
P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L		

ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" 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
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PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____
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FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. <u>157-10198 MB</u>	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
IN <input type="checkbox"/> OUT <input type="checkbox"/>	Person in charge present, demonstrates knowledge, and performs duties			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Proper cooking, time and temperature		
IN <input type="checkbox"/> OUT <input type="checkbox"/>	Employee Health			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Proper reheating procedures for hot holding		
IN <input type="checkbox"/> OUT <input type="checkbox"/>	Management awareness; policy present			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Proper cooling time and temperatures		
IN <input type="checkbox"/> OUT <input type="checkbox"/>	Proper use of reporting, restriction and exclusion			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Proper hot holding temperatures		
IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/>	Good Hygienic Practices			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Proper cold holding temperatures		
IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Proper date marking and disposition		
IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/>	No discharge from eyes, nose and mouth			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Time as a public health control (procedures / records)		
IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/>	Preventing Contamination by Hands			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Consumer Advisory		
IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/>	Hands clean and properly washed			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/>	Adequate handwashing facilities supplied & accessible			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
IN <input type="checkbox"/> OUT <input type="checkbox"/>	Approved Source			IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Chemical		
IN <input type="checkbox"/> OUT <input type="checkbox"/>	Food obtained from approved source			IN <input type="checkbox"/> OUT <input type="checkbox"/>	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Food received at proper temperature			IN <input type="checkbox"/> OUT <input type="checkbox"/>	Toxic substances properly identified, stored and used		
IN <input type="checkbox"/> OUT <input type="checkbox"/>	Food in good condition, safe and unadulterated			IN <input type="checkbox"/> OUT <input type="checkbox"/>	Conformance with Approved Procedures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN <input type="checkbox"/> OUT <input type="checkbox"/> <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	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			
IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Food separated and protected						
IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/>	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			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
		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"/>		Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate				<input checked="" type="checkbox"/>	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			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		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		
<input checked="" type="checkbox"/>		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				<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: <u>Eric Buchheit</u>	Eric Buchheit	Date: 02/18/2020
Inspector: <u>Melanie Zernicke</u>	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

