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Person in Charge / Title:	× .	Fruits a	nd vegetabl	les washed be	fore use				1					
Inspector: Katherine ONEAL Telephone No. EPHS No. Follow-up: YES INO	Person in Cl	harge / Title:						-				n nacimaes installed,	Date:	
Toror oct of the loss for the ball.	Inspector:	Kath	in C	hart	KATHERINE ON			0			EPHS No. 505			NO NO



CITY OF JEFFERSON DIVISION OF ENVIRONMENTAL HEALTH SERVICES

Time In	
01:00 PM	

Time Out 02:00 PM

FOOD ESTABLISHMENT I	Page 2 of 2	2 of 2				
ESTABLISHMENT NAME: READY POPPED	ADDRESS:		CITY/ZIP CODE JEFFERSON CITY, MO 65101			
	101 W HIGH ST MEASURED OBSERVATIONS	JEFFERSON CIT, MU				
No Temperature Observations	WEASURED ODSERVATIONS					
No Temperature Observations	PRIORITY ITEMS		Correct Du			
Priority items contribute directly to the elimination, p	prevention or reduction to an acceptable level, hazards as	sociated with foodborne illness or injury.	Correct By (date)	Initia		
These items MUS	T RECEIVE IMMEDIATE ACTION within 72 hours or a	s stated.				
			A			
and the first state of the second state of the	No Violations Observed		aline for the			
	CORE ITEMS		Correct By	Initia		
Core items relate to general sanitation, operational con procedures (SSOPs). Thes	ntrois, facilities or structures, equipment design, general m se items are to be corrected by the next regular inspec	ction or as stated.	(date)			
				the state		
	No Violations Observed			1.5		
	EDUCATION PROVIDED OR COMME	NTS				
TEMPORARY FOOD EVENT						
LOCATION: Salute to America MENU: Kettle Corn						
Hand washing operational on board						
gloves and scoop available.						
	6					

Person in Cha	arge / Title:	Date: 07/06/2020				
Inspector:	Kattur Ohlah	KATHERINE ONEAL	Telephone No. (573) 634-6410	EPHS No. 505	Follow-up: YES INO Follow-up Date:	



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Ready Popped

Salute to America Festival-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

The City of Jefferson Environmental Health Division is the regulatory authority and is the issuing authority for the permit issued based on receipt of application and compliance with the City of Jefferson Food Code. This permit is nontransferable from person or place and is valid only for the establishment listed above. A valid permit shall be posted in public view in every Temporary Food Establishment.

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

Person in Charge



01:00 PM	
Page 1 of 2	ŝ.

Time Out 02:00 PM	
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ADDRESS: 131 E HIGH ST X													COUNTY 51	ł	
CITY/ZIP CODE JEFFERSON CITY,		101			Phone: (573) 808	3-3696			Fa	IX:			P.H. PRIORITY 🗖 H	v D	٦L
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			rated								e with Approved Procedures	-			
N OUT N.O. 1	Re		ecords availab	le: shellstock tag					OUT		N.A.	Compliance with a HACCP plan	pproved Specialized Process and		
	ue.			m Contaminatio	on		2	This le	etter to	the le	eft of	each item indicates	s that item's status at the time of	the	
	N.A. Fo	od separ	rated and prot	ected				inspec	ction.						
	N.A. Fo	od-conta	act surfaces cl	eaned & sanitized	d							n compliance not applicable	OUT = not in compliance N.O. = not observed		
Ν OUT N.O.			position of retu ed, and unsaf	rned, previously e food	served,				. "			corrected On Site	R = Repeat Item		
						Contraction of the second second		il Pract	and the second first with the						
	G				easures to	control ti	he int	troduction	on of p	athoge	ens, ch		al objects into foods.	1853	045
IN OUT			Safe Food a			COS	R	IN	OUT	-		· · · · ·	Use of Utensils	C	OS R
			sed where req				-	~				tensils: properly stor		1	
Va Wa	ater and id		approved sour				-	v					ens: properly stored, dried, handled		3 5
			od Temperat					1		_		-	ticles: properly stored, used		
			t for temperat	ure control			-	\checkmark		Gl	oves u	used properly	and and Mar II	_	-
			nethods used				-			Ee	od or		uipment and Vending		-
V The	ermomete	ers provi	ided and accu					√		de	esigneo	d, constructed, and		-	
			Food Identi					\checkmark		_			d, maintained, used; test strips used		8 30
V Foo							\checkmark		No	onfood	-contact surfaces cl			3 1	
Prevention of Food Contamination					-						ical Facilities		1		
			d animals not		and diart		-	V	1	_			e; adequate pressure		1.1
		the product of the second		ood prep, storage , fingernails and j		ay		V		_		g installed; proper b			_
			rly used and	() D.T.	eweny		-	×		-	-	and wastewater pro			
			-				-	V		-			structed, supplied, cleaned posed; facilities maintained	-	
V Fru	uits and v	egetable	es washed bef	ore use				\checkmark		-	-		naintained, and clean		
							-				., 5.001	in shines mouned, i		_	
Person in Charge / T	nie:								• ,				Date: 07/06/2020	5.6	1
Inspector:	atter	n Ø	hall	KATHERINE ONE		hone No. 634-641	0			EPHS 505	No.		Follow-up: YES	NO	10 12



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Time Out 02:00 PM

ESTABLISHMENT NAME: THE BIG CHEEZE	ADDRESS: 131 E HIGH ST X		CITY/ZIP CODE JEFFERSON CITY, MO 6	CITY/ZIP CODE JEFFERSON CITY, MO 65101		
		MEASURED OBSERV		· · · ····		
Item/Location	Temp	Item/Location	Temp	Item/Location	То	mp
	42 F		iemp		10	<u> </u>
Mac & cheese, Sauce/Reach in Cooler			L		1	
Coolei		PRIORITY ITEMS				<u> </u>
Priority items contribute directly to the These	elimination, prevention e Items MUST RECEI	or reduction to an acceptable level, VE IMMEDIATE ACTION within 72	hazards associated w hours or as stated.	ith foodborne illness or injury.	Correct By (date)	Initial
		No Violations Observed				
Core items relate to general sanitation, op procedures (SS	erational controls, faci SOPs). These items a		, general maintenance ular inspection or as	e or sanitation standard operating s stated.	Correct By (date)	initial,
		No Violations Observed	•			
	·	EDUCATION PROVIDED OR	COMMENTS			
TEMPORARY FOOD EVENT LOCATION: Salute to America Even MENU: Grilled Cheese, Chips, Soda Handwashing was available Gloves were present						
Person in Charge / Title: Inspector:	KATHERINE O	NEAL Telephone No. (573) 634-6410	EPHS No.	Date: 07/08/2020 Follow-up: YES Follow-up Date:		ΝΟ

(573) 634-6410

505

Follow-up Date:



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

The Big Cheeze

Salute to America Celebration

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

The City of Jefferson Environmental Health Division is the regulatory authority and is the issuing authority for the permit issued based on receipt of application and compliance with the City of Jefferson Food Code. This permit is nontransferable from person or place and is valid only for the establishment listed above. A valid permit shall be posted in public view in every Temporary Food Establishment.

Person in Charge

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

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Time In	Time Out
01:00 PM	02:00 PM
Page 1 of 2	

	02:00 PM						
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	and the second s						

SUCH SHORTER PE	ERIOD OI	F TIME AS										RECTED BY THE NEXT ROUTINE INS		
ESTABLISHMENT KONA ICE COMO								с)	PERSON IN CHARGE:	<u></u>				
ADDRESS: 101 W HIGH ST												COUNTY 51		
CITY/ZIP CODE	(, MO 6	5101		Phone: (573) 819	9-5432	1		F:	ax:]м	ПL
ESTABLISHMENT		C. STOR			DELI SUMME	RFP			ROCE		ORE INSTITU		RS	
PURPOSE			_		_		•			•				
Pre-opening		Routine	SEWAGE DISPOSAL	L	Compla				Other					
FROZEN DESSER		d		ATE	CON					N-COM e Samp	MUNITY C	PRIVATE Results		
					ACTOR									
			practices and employee bel health interventions are con								for Disease Contro	I and Prevention as contributing	g facto	rs in
COMPLIANCE			Demonstration of Knowledg		cos	-			IANCE		Time/Tem	perature for Safety Food	co	SR
N OUT	P	Person in condition	harge present, demonstrates	knowledge	,			OUT	N.O.	N.A.	Proper cooking, tim	e and temperature		
	4	ind perion	Employee Health	CAN COM				OUT	N.O.	N.A.	Proper reheating pr	rocedures for hot holding		
		•	nt awareness; policy present						N.O.		Proper cooling time			
	P	roper use	of reporting, restriction and ex Good Hygenic Practices	clusion			23	OUT	N.O.	N.A.	Proper hot holding Proper cold holding		-	-
NOUT N.O.	P	roper eati	ng, tasting, drinking, or tobacc	ouse					N.O.	N.A.	Proper date markin		_	
W OUT N.O.	N	lo dischar	ge from eyes, nose and mouth	1			N	OUT	N.O.	N.A.		Ith control (procedures / records)		
		Pre	venting Contamination by H	lands							Co	nsumer Advisory	3	
😡 OUT N.O.	н	lands clea	n and properly washed					OUT		N.A.	Consumer advisory food	provided for raw or undercooked	1	
🚯 OUT N.O.	1.000		nd contact with ready-to-eat for								and the second se	usceptible Populations		-
			Iternate method properly follow andwashing facilities supplied &					OUT	N.O.	N.A.	Pasturized foods use	ed, prohibited foods not offered		
001	^	dequate n	Approved Source	accessible								Chemical		
	F	ood obtai	ned from approved source					OUT		N.A.	Food additives: app	proved and properly used		-
OUT N.O.			ved at proper temperature					OUT			· · · · · · · · · · · · · · · · · · ·	perly identified, stored and used	_	
N OUT			od condition, safe and unadult	erated								with Approved Procedures	18	
NOUT N.O.	R	-	ecords available: shellstock tag		•			OUT		N.A.	Compliance with ap HACCP plan	oproved Specialized Process and		
		F	Protection from Contaminati	on			This I	etter te	o the l	left of	each item indicates	that item's status at the time of	of the	
			ated and protected				inspe	ction.		IN = in	compliance	OUT = not in compliance	A	
NOUT N.O.	P	roper disp	ct surfaces cleaned & sanitize position of returned, previously ed, and unsafe food						N	I.A. = r	orrected On Site	N.O. = not observed R = Repeat Item		12
		Good Reta	ail Practices are preventative n	neasures to			il Prac		athoge	ens ch	emicals and physic	al objects into foods		
			Safe Food and Water		cos	_	IN					Use of Utensils	c	OS R
•			ed where required				\checkmark				tensils: properly stor			
✓ W	ater and		approved source				1	_				ns: properly stored, dried, handle	d	
Ar	- atcunot		od Temperature Control t for temperature control				V	-			se/single-service an ised properly	ticles: properly stored, used		-
			ethods used				V			10463 0		upment and Vending	10.02	
			ded and accurate				~		Fo	ood an esigned		urfaces cleanable, properly		
			Food Identification				\checkmark				-	I, maintained, used; test strips used		
Fo	bod prop		I; original container Ition of Food Contamination			-	\checkmark		NO	onfood	-contact surfaces cl		-	
	sects, ro		animals not present			-	1		Н	ot and		ical Facilities		
			ented during food prep, storage	e and displa	ay		1	. * .			g installed; proper b			
· · · · · · · · · · · · · · · · · · ·	1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -		, hair restraint, fingernails and	jewelry			1		Se	ewage	and wastewater pro	perly disposed		
✓ W	iping clo	ths: prope	rly used and stored				~	-	_			structed, supplied, cleaned		1
🗸 Fr	uits and	vegetable	s washed before use				1					posed; facilities maintained naintained, and clean		
Person in Charge /	Title:							-		., 51001		Date:		
Inspector:	att	-	Near KATHERINE ON		hone No.				EPHS	No.		07/06/2020 Follow-up: YES)
t'	ma	m v	Naran	(573)	634-641	0			505			Follow-up Date:		2.4

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CITY OF JEFFERSON

Time In

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DIVISION OF ENVIRONME			e 2 of 2	
FOOD ESTABLISHMENT				
STABLISHMENT NAME: ONA ICE COMO MOBILE FOOD UNIT	ADDRESS: 101 W HIGH ST	CITY/ZIP CODE JEFFERSON CI	ZIP CODE ERSON CITY, MO 65101	
	MEASURED OBSERVATION	S		
No Temperature Observations				
Priority items contribute directly to the elimination, These items MUS	PRIORITY ITEMS prevention or reduction to an acceptable level, hazards ST RECEIVE IMMEDIATE ACTION within 72 hours of	s associated with foodborne illness or injur or as stated.	y. Correct By (date)	Initia
	No Violations Observed		and the second	
ore items relate to general sanitation, operational con procedures (SSOPs). The	CORE ITEMS ntrols, facilities or structures, equipment design, gener se items are to be corrected by the next regular ins	al maintenance or sanitation standard ope spection or as stated.	erating Correct By (date)	Initia
	No Violations Observed			
	EDUCATION PROVIDED OR COM	MENTS		
LOCATION: Salute to America MENU: Shaved ice Handwashing available on board Topping station is sanitized frequently. If a cus	tomer was concerned about using the self serv	ice area there were toppings inside	that could be added.	
	м. х			
	а ^{на} .			

Person in Cha	arge / Title:				Date: 07/06/2020	
Inspector:	Kattur Chlesh	KATHERINE ONEAL	Telephone No. (573) 634-6410	EPHS No. 505	Follow-up: YES Follow-up Date:	NO NO



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Kona Ice CoMo

Salute to America Festival-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

The City of Jefferson Environmental Health Division is the regulatory authority and is the issuing authority for the permit issued based on receipt of application and compliance with the City of Jefferson Food Code. This permit is nontransferable from person or place and is valid only for the establishment listed above. A valid permit shall be posted in public view in every Temporary Food Establishment.

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

Person in Charge

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Time In 01:00 PM Page 1 of 2 Time Out 02:00 PM

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENT SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.										
ESTABLISHMENT NAME: KENNY'S FLIPPIN BURGERS	OWNER: CASEY ST	UART						PERSON IN CHARGE:		
ADDRESS: 101 W HIGH ST								COUNTY 51		
CITY/ZIP CODE JEFFERSON CITY, MO 65101	Phone: (573) 382-8	887			F	ax:			A [٦L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER CATERER			RFP			GROCERY ST			s	
PURPOSE Selection Follow-up		Compla				Other				
FROZEN DESSERT SEWAGE DISPOSAL	W	ATER	SUP							
Approved Disapproved License No PUBLIC PRIV/			MMUN	ITY		NON-COM Date Samp	and a company second a second s	PRIVATE Results		-
						ENTIONS	ter Disease Contra	I and Demosting as contribution		
Risk factors are food preparation practices and employee bel foodborne illness outbreaks. Public health interventions are con							for Disease Contro	I and Prevention as contributing	factors	sin
COMPLIANCE Demonstration of Knowledge	je	cos	R	c	OMPL	IANCE	Time/Tem	perature for Safety Food	COS	R
N OUT Person in charge present, demonstrates	knowledge,				OUT	N.O. N.A.	Proper cooking, tin	e and temperature	-	-
and performs duties Employee Health					OUT	N.O. N.A.	Proper reheating p	rocedures for hot holding		
Nanagement awareness; policy present					OUT	N.O. N.A.	Proper cooling time	e and temperatures		5
OUT Proper use of reporting, restriction and ex	clusion			2	OUT		Proper hot holding			
Good Hygenic Practices OUT N.O. Proper eating, tasting, drinking, or tobacc	0 USP				OUT	N.A. N.O. N.A.	Proper cold holding	•		
						N.O. N.A.	Proper date markin Time as a public hea	lth control (procedures / records)		
OUT N.O. No discharge from eyes, nose and mouth Preventing Contamination by H					001	N.O. N.A.		nsumer Advisory	-	
OUT N.O. Hands clean and properly washed				N	OUT	N.A.		provided for raw or undercooked	-	
No bare hand contact with ready-to-eat for	ods or			•	001	и.д.	food Highly S	usceptible Populations	-	
NO. approved alternate method properly follow	wed			0	OUT			ed, prohibited foods not offered		
N OUT Adequate handwashing facilities supplied &	accessible				001	N.O. N.A.	Pastulized loous us	Chemical	-	-
Approved Source				N	OUT	N.A.	Food additives: an	proved and properly used	-	
OUT Food obtained from approved source				R	OUT			perly identified, stored and used	-	
OUT N.O. N.A. Food received at proper temperature				-				with Approved Procedures		
NOUT Food in good condition, safe and unadult	erated						Compliance with a	oproved Specialized Process and		1.1
OUT N.O. N.A. Required records available: shellstock tag destruction				2	OUT	N.A.	HACCP plan			
Protection from Contaminati	on			This I inspe		o the left of	each item indicates	s that item's status at the time of	the	25
OUT N.A. Food separated and protected OUT N.A. Food-contact surfaces cleaned & sanitize	d			inspe	Suon.	IN = ir	n compliance	OUT = not in compliance		
OUT N.A. Proper disposition of returned, previously reconditioned, and unsafe food							not applicable Corrected On Site	N.O. = not observed R = Repeat Item		
		Good	Reta	il Prac	tices				2.18	1976
Good Retail Practices are preventative n	neasures to c		_	troducti	on of p	pathogens, cl				_
IN OUT Safe Food and Water	Although the	COS	R	IN	OUT			Use of Utensils	C	OS R
Pasteurized eggs used where required Water and ice from approved source			-	\checkmark			tensils: properly sto	ea ens: properly stored, dried, handled	-	
Food Temperature Control			-	1				ticles: properly stored, used		
Adequate equipment for temperature control			1	V			used properly			-
Approved thawing methods used							Utensils, Eq	uipment and Vending	1011	
✓ Thermometers provided and accurate				~		Food an designe	d nonfood-contact s d, constructed, and	urfaces cleanable, properly used		
Food Identification				\checkmark		Warewas	shing facilities: installed	l, maintained, used; test strips used		
 Food properly labled; original container 				1		Nonfood	-contact surfaces cl			
Prevention of Food Contamination	1		-					ical Facilities		_
 ✓ Insects, rodents, and animals not present ✓ Contamination prevented during food prep, storage 	e and display			V		and the second	g installed; proper b	e; adequate pressure		-
 Clean outer clothing, hair restraint, fingernails and 			-	1			and wastewater pro			-
 ✓ Wiping cloths: properly used and stored 			-	1				structed, supplied, cleaned		
✓ Fruits and vegetables washed before use				1				posed; facilities maintained		
				\checkmark		Physica	facilities installed, r	naintained, and clean		
Person in Charge / Title:								Date: 07/06/2020		
Inspector: Kattur Weak KATHERINE ON	EAL Telepho (573) 6					EPHS No. 505		Follow-up: YES	NO	



CITY OF JEFFERSON DIVISION OF ENVIRONMENTAL HEALTH SERVICES

Time In 01:00 PM

Time Out 02:00 PM

FOOD ESTABLISHMENT	INSPECTION REPORT	Page 2 of	2	
ESTABLISHMENT NAME: KENNY'S FLIPPIN BURGERS	ADDRESS: 101 W HIGH ST	CITY/ZIP CODE JEFFERSON CITY, MO	65101	
	MEASURED OBSERVATIO			
No Temperature Observations	MERCORED OBJERVATIO			1,
Priority items contribute directly to the elimination,	PRIORITY ITEMS prevention or reduction to an acceptable level, haza ST RECEIVE IMMEDIATE ACTION within 72 hour	rds associated with foodborne illness or injury. s or as stated.	Correct By (date)	Initia
	No Violations Observed			
ore items relate to general sanitation, operational co procedures (SSOPs). The	CORE ITEMS	neral maintenance or sanitation standard operating inspection or as stated.	Correct By (date)	Initia
	No Violations Observed			
	EDUCATION PROVIDED OR CO	MMENTS		
TEMPORARY FOOD EVENT LOCATION: Salute to America MENU: Hamburgers and fries FOOD SOURCE: Casey stuart Handwashing available on board				
*				

Person in Ch	arge / Title:			-	Date: 07/06/2020	
Inspector:	Kathun Wesh	KATHERINE ONEAL	Telephone No. (573) 634-6410	EPHS No. 505	Follow-up: YES Follow-up Date:	NO NO



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Kenny's Flippin Burgers

Salute to America Festival-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

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Person in Charge

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

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Time Out 02:00 PM Page 1 of 2

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENT SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.	BY THE REGU	LIANCE	e in of Ry au	THORIT	ONS OF Y. FAIL	R FACILIT	CON	WHICH MUST BE CORI	RECTED BY THE NEXT ROUTINE INSPE LIMITS FOR CORRECTIONS SPECIFI	CTION ED IN	I, OR THIS
ESTABLISHMENT NAME: ICE CREAM FACTORY	OWNER: SHANNON	IMLE	R			1			PERSON IN CHARGE:		
ADDRESS: 131 W HIGH ST								2	COUNTY 51		
CITY/ZIP CODE	Phone:				Fa	ax:			51		
JEFFERSON CITY, MO 65101									P.H. PRIORITY 🗖 H 🗹 M		ΓL
ESTABLISHMENT TYPE DBAKERY DC. STORE CATERER DRESTAURANT DSCHOOL DSENIOR CEN		ELI UMME	R F.P.			AVERN	Y ST	ORE ☐INSTITU ☑ TEMP. F			
PURPOSE		Compla	aint			Other					
FROZEN DESSERT SEWAGE DISPOSAL		ATER		PLY					-		
Approved Disapproved License No		CON	MUN	ITY		NON-C Date S			PRIVATE Results		3.7
	RISK FAC	TOR	SAN	ID INT	ERVE	ENTION	VS				
Risk factors are food preparation practices and employee bet								for Disease Contro	I and Prevention as contributing f	actors	in
foodborne illness outbreaks. Public health interventions are control COMPLIANCE Demonstration of Knowledge		cos	R	_		IANCE	jury.	Time/Tem	perature for Safety Food	COS	R
Borgon in oborgo procent demonstrator				N			N.A.	Proper cooking, tim		005	K
OUT Person in charge present, demonstrates and performs duties Employee Health					OUT	N.O. 1	N.A.	Proper reheating p	rocedures for hot holding		
Management awareness; policy present				N	OUT	Construction of the		Proper cooling time			-
OUT Proper use of reporting, restriction and ex	clusion			N	OUT	N.O. N		Proper hot holding			
Good Hygenic Practices					OUT	١	N.A.	Proper cold holding	temperatures		
OUT N.O. Proper eating, tasting, drinking, or tobacc	o use				OUT	N.O. 1	N.A.	Proper date markin		60.U	$\sim \pi$
W OUT N.O. No discharge from eyes, nose and mouth					OUT	N.O. 1	N.A.		alth control (procedures / records)	-	
Preventing Contamination by H	lands		_					11 M	v provided for raw or undercooked		
OUT N.O. Hands clean and properly washed					OUT	1	N.A.	food	provided for faw of undercooked		
No bare hand contact with ready-to-eat for approved alternate method properly follow								Highly S	usceptible Populations	62.	
N OUT Adequate handwashing facilities supplied &					OUT	N.O. I	N.A.	Pasturized foods use	ed, prohibited foods not offered		
Approved Source				0					Chemical	1.12	
OUT Food obtained from approved source					OUT		N.A.	5.5 SEC 27 CM	proved and properly used	_	
OUT N.O. N.A. Food received at proper temperature				N	OUT				e with Approved Procedures	-	
N OUT Food in good condition, safe and unadulte	erated						_				
OUT N.O. N.A. Required records available: shellstock tag	gs, parasite			W	OUT	1	N.A.	HACCP plan	pproved Specialized Process and		- 3
Protection from Contaminati	on			This le	etter to	the left	t of	each item indicates	s that item's status at the time of t	he	
OUT N.A. Food separated and protected				inspec	ction.	IN	l – in	o compliance	OUT - not in compliance		
OUT N.A. Food-contact surfaces cleaned & sanitize	d							not applicable	OUT = not in compliance N.O. = not observed		e un j
N.O. Proper disposition of returned, previously reconditioned, and unsafe food	served,					COS	S = C	orrected On Site	R = Repeat Item		
				il Pract							
Good Retail Practices are preventative n	neasures to co	_	_	roductio	on of p	athogen	is, ch				100
IN OUT Safe Food and Water Pasteurized eggs used where required		COS	R	IN	OUT			and the second states of the s	Use of Utensils	cc	DS R
Pasteurized eggs used where required Water and ice from approved source		-		~				tensils: properly stor	ens: properly stored, dried, handled		
Food Temperature Control				~					ticles: properly stored, used		-
Adequate equipment for temperature control		-	-	1				used properly			
Approved thawing methods used						300		Utensils, Equ	uipment and Vending		
Thermometers provided and accurate				\checkmark				d nonfood-contact s	urfaces cleanable, properly		
Food Identification		8		1			-		d, maintained, used; test strips used	-	-
 Food properly labled; original container 			-	1	-			-contact surfaces cl		-	1.1
Prevention of Food Contamination		8				10180	1203	Phys	ical Facilities	13	
 Insects, rodents, and animals not present 				\checkmark		Hot	and	Cold water available	e; adequate pressure		
Contamination prevented during food prep, storage				~				g installed; proper b			1.15
Clean outer clothing, hair restraint, fingernails and	jeweiry			~			-	and wastewater pro		_	1
Viping cloths: properly used and stored				×			_		structed, supplied, cleaned posed; facilities maintained		-
 Fruits and vegetables washed before use 				~					naintained, and clean		1
Person in Charge / Title:									Date:		
	1								07/06/2020	-	1
Inspector: Kathun What KATHERINE ON	EAL Telephor (573) 63		0			EPHS No 505	0.		Follow-up: YES YES	NO	



Time In	
01:00	PM

Time Out 02:00 PM

FOOD ESTABLISHMENT	INSPECTION REPORT	Page 2 of 2		1
ESTABLISHMENT NAME: ICE CREAM FACTORY	ADDRESS: 131 W HIGH ST	CITY/ZIP CODE JEFFERSON CITY, MO	65101	
	MEASURED OBSERVATIONS			
No Temperature Observations				
Priority items contribute directly to the elimination,	PRIORITY ITEMS prevention or reduction to an acceptable level, hazards associa ST RECEIVE IMMEDIATE ACTION within 72 hours or as sta	ated with foodborne illness or injury. ated.	Correct By (date)	Initial
	No Violations Observed			and the second
Core items relate to general sanitation, operational cor procedures (SSOPs). Thes	ntrols, facilities or structures, equipment design, general mainteners items are to be corrected by the next regular inspection	enance or sanitation standard operating n or as stated.	Correct By (date)	Initial
	No Violations Observed			
	EDUCATION PROVIDED OR COMMENTS	3		- MA
TEMPORARY FOOD EVENT LOCATION: Salute to America MENU: Ice Cream FOOD SOURCE: Ice Cream Factory Hand washing on board				

Person in Ch	arge / Title:		Date: 07/06/2020			
Inspector:	Kathun Wesh	KATHERINE ONEAL	Telephone No. (573) 634-6410	EPHS No. 505	Follow-up: YES INO	1



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Ice Cream Factory

Salute to America Celebration-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

The City of Jefferson Environmental Health Division is the regulatory authority and is the issuing authority for the permit issued based on receipt of application and compliance with the City of Jefferson Food Code. This permit is nontransferable from person or place and is valid only for the establishment listed above. A valid permit shall be posted in public view in every Temporary Food Establishment.

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

Person in Charge



Time In	Time Out
03:45 PM	04:00 F
Page 1 of 2	

04:00 PM	
and these in the	

SUCH SHORTE	R PERIOD	OF TIME AS										RECTED BY THE NEXT ROUTINE INSP E LIMITS FOR CORRECTIONS SPECIF		
ESTABLISHM	ENT NAM	IE:	R-TEMPORARY FOOD	OWNER Pat Smi				10 15				PERSON IN CHARGE: Pat Smith		
ADDRESS: 101 W HIGH S												COUNTY 51		
CITY/ZIP COD	CITY, MO			Phone: (816) 56	4-0708			F	ax:			P.H. PRIORITY 🗖 H	u [٦L
ESTABLISHM BAKERY RESTAURAI							5		ROCE	ERY ST			s	
PURPOSE				_	_				Other					
FROZEN DES	-	Routine	SEWAGE DISPOSAL	L	Comple WATER		PLY		Other					
Approved License No		oved			CO				Date	e Samp	Constraint	PRIVATE Results	5.5.1	
Disk frates					ACTOR					The 7 1994 The	(Di 0	Land Demokration of the P		
			h practices and employee ber health interventions are con								for Disease Contro	ol and Prevention as contributing	factor	sin
COMPLIAN		21.52	Demonstration of Knowledg		cos				IANCE		Time/Tem	perature for Safety Food	cos	R
		Person in	charge present, demonstrates	knowledge	,		IN	OUT	N.O.	N.A.	Proper cooking, tin	ne and temperature		
-		and perfor	Employee Health		5183	-	IN	OUT	N.O.	N.A.	Proper reheating p	rocedures for hot holding		
		Managem	ent awareness; policy present				IN	OUT	N.O.	N.A.	Proper cooling time	e and temperatures	-	
UN OUT		Proper us	e of reporting, restriction and ex	clusion			IN	OUT	N.O.	N.A	Proper hot holding	temperatures		
		ALC: AND	Good Hygenic Practices	14.14				OUT		N.A.	Proper cold holding	g temperatures		
OUT N.			ting, tasting, drinking, or tobacc				IN	OUT			Proper date markin	•	-	
W OUT N.	0.		rge from eyes, nose and mouth				IN	OUT	N.O.	N.A.		alth control (procedures / records)		
-			eventing Contamination by H	lands	3.4							onsumer Advisory	-	-
OUT N.	.0.		an and properly washed				IN	OUT		N.A.	food	/ provided for raw or undercooked	1	
N OUT N.	.0.	No bare hand contact with ready-to-eat for approved alternate method properly follows									Highly S	usceptible Populations		
		Adequate handwashing facilities supplied & a					IN	OUT	N.O.	N.A.	Pasturized foods us	ed, prohibited foods not offered		
001		Auequater		accessible				194				Chemical		
	Approved Source Food obtained from approved source					IN	OUT	4	N.A.	Food additives: ap	proved and properly used			
			ived at proper temperature			-		OUT			Toxic substances pro	operly identified, stored and used		
	.O. N.A.				_						Conformance	e with Approved Procedures	_	-
	Required records available: shellstock tags, parasite			e		IN	OUT		N.A.	Compliance with a HACCP plan	pproved Specialized Process and			
		destruction	Protection from Contaminati	on	1/2		This I	ottor t	o the l	left of	each item indicate	s that item's status at the time of	tho	1
	N.A.	Food sepa	arated and protected				inspe		o uic i	ient of	cacin item indicate.	s that items status at the time of	uie	
UN OUT	N.A.	Food-cont	act surfaces cleaned & sanitize	ed							n compliance	OUT = not in compliance		
N OUT N	.0.	N.A. Proper disposition of returned, previously served, reconditioned, and unsafe food N.A. = not applicable N.O. = not observed COS = Corrected On Site R = Repeat Item												
							ail Prac							1820
		Good Re	tail Practices are preventative n Safe Food and Water	neasures to			-			ens, cl				
	Pasteur	ized eoos u	safe Food and water		COS	R	IN 🗸	OUT		-1160 11	tensils: properly sto	Use of Utensils	C	OS R
×			approved source			+	×					ens: properly stored, dried, handled		
	15145191		ood Temperature Control			+	V					ticles: properly stored, used		
\checkmark	Adequa	te equipme	nt for temperature control				\checkmark		G	loves	used properly			
\checkmark	Approve	ed thawing i	methods used						14	252		uipment and Vending		
~	Thermo	meters prov	vided and accurate				~	i.	de	esigne	d, constructed, and			
	_		Food Identification				~					d, maintained, used; test strips used		
~	Food properly labled; original container						1		N	onfood	-contact surfaces cl		_	-
1	Incosts	is opposition to the	ntion of Food Contamination and animals not present	1222			1			ot and		sical Facilities		- 1
×			ented during food prep, storage	e and displ	av		V					e; adequate pressure		
×			g, hair restraint, fingernails and		-,	+	1				g installed; proper b and wastewater pro			
~		and a state of the state of the	erly used and stored	,,			×		_			structed, supplied, cleaned		
1						1	1					posed; facilities maintained		1
\checkmark	Fruits a	nu vegetabl	es washed before use				1		_			maintained, and clean		1 12
Person in Char	ae / Title											Date:		
												07/03/2020		1
Inspector:	D9-	Crullmon	DAVID GRELLN		hone No.) 634-641				EPHS 503	No.		Follow-up: YES	NO	

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9	lurs

DIVISION OF ENVIRONMENTAL	L HEALTH SERVICES		Time In 03:45 PM	Time Out 04:00 P	M
FOOD ESTABLISHMENT INSPE			Page 2 of 2		
TABLISHMENT NAME: CK'S LONGHORN ROOT BEER-TEMPORARY FOOD	ADDRESS: 101 W HIGH ST		ZIP CODE FERSON CITY, MO 65101		
	MEASURED OBSERVATIONS				
o Temperature Observations					
Priority items contribute directly to the elimination, preventio These items MUST RECE	PRIORITY ITEMS on or reduction to an acceptable level, hazards a EIVE IMMEDIATE ACTION within 72 hours on	associated with foodborne illness r as stated.	or injury.	Correct By (date)	Initi
	No Violations Observed				
re items relate to general sanitation, operational controls, fac procedures (SSOPs). These items	CORE ITEMS cilities or structures, equipment design, general are to be corrected by the next regular insp	maintenance or sanitation stand	ard operating	Correct By (date)	Init
	No Violations Observed				
	EDUCATION PROVIDED OR COMM	ENTS			
ms Sticks. Passed inspection for health regulations.					
	n San an				
A					

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Person in Ch	narge / Title:	Date: 07/03/2020				
Inspector:	Dand Couldner	DAVID GRELLNER	Telephone No. (573) 634-6410	EPHS No. 503	Follow-up: YES Follow-up Date:	NO NO



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Keck's Root Beer

Salute to America Festival-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

The City of Jefferson Environmental Health Division is the regulatory authority and is the issuing authority for the permit issued based on receipt of application and compliance with the City of Jefferson Food Code. This permit is nontransferable from person or place and is valid only for the establishment listed above. A valid permit shall be posted in public view in every Temporary Food Establishment.

Person in Charge

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist



Time In	Time Out
02:00 PM	02:30 PM
Page 1 of 2	which was been

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONC SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.									
ESTABLISHMENT NAME: OWNE JAMAICAN JERK HUT REX S							PERSON IN CHARGE: RexRoy Scott		
ADDRESS: 101 W HIGH ST							COUNTY 51	1	
CITY/ZIP CODE Phone: JEFFERSON CITY, MO 65101	:			F	ax:		P.H. PRIORITY 🗖 H	м	ПL
ESTABLISHMENT TYPE DBAKERY DC. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER		R F.P			ROCERY S			RS	
PURPOSE		aint			Other				
FROZEN DESSERT SEWAGE DISPOSAL	WATER	SUP							
Approved Disapproved License No	CON	MUN	IITY		NON-CO Date San		PRIVATEResults		
	FACTOR			and a state of the second					
Risk factors are food preparation practices and employee behaviors r foodborne illness outbreaks. Public health interventions are control meas							ol and Prevention as contributing	g facto	ors in
COMPLIANCE Demonstration of Knowledge	cos	R	-		IANCE		perature for Safety Food	co	SR
OUT Person in charge present, demonstrates knowledge and performs duties	ge,			OUT	N.O. N.A	A. Proper cooking, tin	ne and temperature		
Employee Health			8	OUT	N.O. N.A	A. Proper reheating p	procedures for hot holding		
OUT Management awareness; policy present				OUT		A. Proper cooling time	e and temperatures		
OUT Proper use of reporting, restriction and exclusion Good Hygenic Practices	10000		2	OUT	N.O. N.A N.A			-	
OUT N.O. Proper eating, tasting, drinking, or tobacco use	1000		38	0.00	N.O. N.A	· · · · · · · · · · · · · · · · · · ·		_	
OUT N.O. No discharge from eyes, nose and mouth			IN		N.O. 07		alth control (procedures / records)		-
Preventing Contamination by Hands						Co	onsumer Advisory		
OUT N.O. Hands clean and properly washed			IN	OUT	Ø.		y provided for raw or undercooked		
No bare hand contact with ready-to-eat foods or						1000	Susceptible Populations	22	
approved alternate method propeny followed	-		IN	OUT	N.O. 07	Pasturized foods us	ed, prohibited foods not offered		
	le						Chemical		
Approved Source OUT Food obtained from approved source			IN	OUT	Q .	Food additives: ap	proved and properly used		
OUT N.O. N.A. Food received at proper temperature		-		OUT			operly identified, stored and used		
OUT Food in good condition, safe and unadulterated		_					e with Approved Procedures		_
IN OUT N.O. (Required records available: shellstock tags, paras destruction	site		IN	OUT	Q	Compliance with a HACCP plan	approved Specialized Process and		100
Protection from Contamination			This I	etter t	o the left o	of each item indicate	s that item's status at the time o	f the	1.1
OUT N.A. Food separated and protected			inspec	ction.	IN =	in compliance	OUT = not in complianc	•	
OUT N.A. Food-contact surfaces cleaned & sanitized Image: OUT N.O. Proper disposition of returned, previously served, reconditioned, and unsafe food	OUT N.O. Proper disposition of returned, previously served, COS = Corrected On Site			not applicable	N.O. = not observed R = Repeat Item	C			
			il Prac						199.9
Good Retail Practices are preventative measures		_	_					T	
IN OUT Safe Food and Water V Pasteurized eggs used where required	COS	R	IN 🗸	OU		utensils: properly sto	r Use of Utensils		COS R
V Water and ice from approved source		-	1				ens: properly stored, dried, handle	d	
Food Temperature Control			\checkmark		Single	-use/single-service ar	rticles: properly stored, used		
✓ Adequate equipment for temperature control		_	\checkmark		Gloves	s used properly			
Approved thawing methods used		+			Fooda		uipment and Vending surfaces cleanable, properly		-
Thermometers provided and accurate			~		design	ed, constructed, and	used		1.
Food Identification			V				d, maintained, used; test strips used		
Food properly labled; original container Prevention of Food Contamination			v	-	Nonto	Nonfood-contact surfaces clean			
✓ Insects, rodents, and animals not present		-	\checkmark	-	Hot an		sical Facilities		
Contamination prevented during food prep, storage and dis	play		~	•		ing installed; proper b			
Clean outer clothing, hair restraint, fingernails and jewelry			1			e and wastewater pro			
Viping cloths: properly used and stored		-	V	-			structed, supplied, cleaned		-
✓ Fruits and vegetables washed before use			~				maintained, and clean		
Person in Charge / Title:							Date: 07/03/2020		
	lephone No. 73) 634-641	0			EPHS No. 503			N N	0



Time In 02:00 PM Page 2 of 2 Time Out 02:30 PM

STABLISHMENT NAME: AMAICAN JERK HUT		ADDRESS: 101 W HIGH ST						
		MEASURED OBSERVAT	IONS					
Item/Location	Temp	Item/Location	Temp	Item/Location		mp		
chicken/hot holding unit	168 F	rice and beans/hot holding unit	175 F	meat pies/hot holding unit	159	F		
Priority items contribute directly to the The	elimination, preve se items MUST R	PRIORITY ITEMS ention or reduction to an acceptable level, ha ECEIVE IMMEDIATE ACTION within 72 ho	zards associated wo	ith foodborne illness or injury.	Correct By (date)	Init		
		No Violations Observed						
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.								
		No Violations Observed				1		
		EDUCATION PROVIDED OR C						
son in Charge / Title:		RELLNER Telephone No.	EPHS No.	Date: 07/03/2020 Follow-up: YES				



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Jamaican Jerk Hut

Salute to America Festival-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

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Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

Person in Charge



Time In 02:00 PM	
Page 1 of 2	

Time Out 02:15 PM						

SUCH SHORTER F	PERIOD	OF TIME AS	THE ITEMS NOTED BELOW IDENTI MAY BE SPECIFIED IN WRITING OF YOUR FOOD OPERATIONS.												
ESTABLISHMEN OMA MERLE'S L		2		OWNER								PERSON IN CHARGE: Sandy Merle			
ADDRESS: 101 W HIGH ST												COUNTY 51			
CITY/ZIP CODE	Y, MO	65101		Phone: (417) 288	8-1558			Fa	ax:				✓м		L
ESTABLISHMEN BAKERY RESTAURANT	T TYPE					RFP			ROCE	ERY ST			DORS		
PURPOSE					_					•					_
Pre-opening FROZEN DESSE		Routine	SEWAGE DISPOSAL		Compla		PIY		Other						
Approved DD License No.		ved		TE	CON					N-COM	MUNITY E	PRIVATE Results	b. at		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACTOR	100000000000000000000000000000000000000	e en la sinte de		COLUMN AND ADDRESS OF		for Disease Centre	l and Dravantian on contribu	ting for	tara	
			practices and employee beh health interventions are cont								for Disease Contro	and Prevention as contribu	ung tac	tors	in
COMPLIANCE			Demonstration of Knowledg	je	COS	R	С	OMPL	IANCE		Time/Tem	perature for Safety Food	C	os	R
		Person in	charge present, demonstrates	knowledge				OUT	N.O.	N.A.	Proper cooking, tin	ne and temperature			103
		and perfor	Employee Health					OUT	N.O.	N.A.	Proper reheating p	rocedures for hot holding			
		Managem	ent awareness; policy present			-		OUT	N.O.	N.A.	Proper cooling time	e and temperatures			-
OUT		Proper use	e of reporting, restriction and ex	clusion				OUT	N.O.		Proper hot holding			_	
0		Bropor ool	Good Hygenic Practices ting, tasting, drinking, or tobacc	0.1150				OUT		N.A.	Proper cold holding				
UN OUT N.O.								OUT	N.O.		Proper date markin	ig and disposition alth control (procedures / records)	-	_
UN OUT N.O.			rge from eyes, nose and mouth eventing Contamination by H		593			001	N.O.	Q.B.		onsumer Advisory	·	-	-
OUT N.O.			an and properly washed	unuo				0.117		0		y provided for raw or undercool	ked	-	-
UU 001 N.O.			and contact with ready-to-eat fo	ods or		-	IN	OUT		A.D	food	uses with a Demulations	-	_	
N.O.			alternate method properly follow							-		usceptible Populations			
		Adequate h	nandwashing facilities supplied &	accessible			IN	OUT	N.O.	Ø.Ø.	Pasturized foods us	ed, prohibited foods not offered		-	
			Approved Source				IN	OUT		A.D	Food additives: an	Chemical proved and properly used			
		Food obta	ined from approved source					OUT		9 .9		proved and property used operly identified, stored and used	-	-	-
OUT N.O.	N.A.	Food rece	ived at proper temperature									e with Approved Procedures		+	-
🕦 ООТ		Food in go	ood condition, safe and unadulte	erated						1		pproved Specialized Process a			
IN OUT 👧.	N.A.	destruction			e		IN	OUT		N.A.	HACCP plan				
			Protection from Contaminati	on					o the I	left of	each item indicates	s that item's status at the time	e of the	9	1.9
	N.A.		arated and protected act surfaces cleaned & sanitize	d			inspec	ction.		IN = ir	compliance	OUT = not in complia	ance		T_{i}
	N.A.	Proper dis	position of returned, previously ned, and unsafe food							N.A. = not applicableN.O. = not observedCOS = Corrected On SiteR = Repeat Item					
	1					and children property	il Prac	Contraction in the second		S MD ?					
	10.000	Good Ret	ail Practices are preventative n Safe Food and Water	neasures to		-		1		ens, ch				1	
IN OUT	Pasteuri	zed eaas u	safe Food and Water sed where required		COS	R	IN	OUT	-	-use u	tensils: properly sto	· Use of Utensils		COS	R
			approved source				1					ens: properly stored, dried, han	dled	-	-
	1 Same		ood Temperature Control			1	~	-			• •	ticles: properly stored, used		-	-
			nt for temperature control				\checkmark		G	iloves u	used properly				
✓ A	Approve	d thawing r	methods used					-	-			uipment and Vending			
Г 🗸	Thermor	meters prov	vided and accurate				\checkmark		de	ood an esigned	d nonfood-contact s d, constructed, and	surfaces cleanable, properly used			
			Food Identification		1.5		1		W	/arewas	hing facilities: installe	d, maintained, used; test strips use	d		1
V F	ood pro	A	d; original container				\checkmark		N	onfood	-contact surfaces c				
			ntion of Food Contamination				- /					sical Facilities			
			id animals not present rented during food prep, storage	and displ	av	-	×		-	1 080037		e; adequate pressure		-	-
		1.11	g, hair restraint, fingernails and		-,		V		_		g installed; proper b and wastewater pro			-	-
			erly used and stored				~		_			structed, supplied, cleaned			1
F	ruits an	d vegetabl	es washed before use				1					posed; facilities maintained			
. *	. uno ul						\checkmark		_			maintained, and clean			
Person in Charge	/ Title:											Date:			
Inspector:			DAVID GRELLNE	-p Teler	phone No.				EPHS	No		07/03/2020 Follow-up: YES	-		
T T	-B	Conliner) 634-641	0			503			Follow-up Date:	~	NO	

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CITY OF JEFFERSON	I INMENTAL HEALTH SERVICES		Time In 02:00 PM	Time Out 02:15 F	M	
FOOD ESTABLISHME	INT INSPECTION REPORT		Page 2 of 2			
STABLISHMENT NAME: MA MERLE'S LLC	ADDRESS: 101 W HIGH ST		CITY/ZIP CODE JEFFERSON CITY, MO 65101			
	MEASURED OBSERVATIONS				-	
lo Temperature Observations						
	PRIORITY ITEMS			Correct By	Initi	
Priority items contribute directly to the elimina These item	ation, prevention or reduction to an acceptable level, hazards assoc s MUST RECEIVE IMMEDIATE ACTION within 72 hours or as s	stated with foodborne illness	or injury.	(date)		
	No Violations Observed					
	CORE ITEMS nal controls, facilities or structures, equipment design, general mair . These items are to be corrected by the next regular inspection		ard operating	Correct By (date)	Initi	
	No Violations Observed					
	EDUCATION PROVIDED OR COMMENT	S				

Person in Cl	harge / Title:	Date: 07/03/2020				
Inspector:	Dang Couldman	DAVID GRELLNER	Telephone No. (573) 634-6410	EPHS No. 503	Follow-up: YES INO Follow-up Date:	



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Oma Merles'

Salute To America Festival-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

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Person in Charge

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

	man	TIPE A	2022	
and a state			- Contraction	

Time In 01:00 PM	
01:00 PM	
Page 1 of 2	

Time Out

	RIOD OF TIME A	S MAY BE SPEC	IFIED IN WRITING									RECTED BY THE NEXT ROUTINE INSP LIMITS FOR CORRECTIONS SPECI			
ESTABLISHMENT N CONCESSIONS 39/	IAME:			OWNER BURFOF		JE		19 ^K	(a.)			PERSON IN CHARGE: Burford			
ADDRESS: 101 W HIGH ST												COUNTY 51			
CITY/ZIP CODE JEFFERSON CITY,	MO 65101			Phone: (573) 220)-1555			Fa	IX:				м		
ESTABLISHMENT T	YPE		D aureasa						ROCE						-
		DL	CATERER SENIOR CENT			R F.P			AVERN		ORE INSTITU		s		
PURPOSE Pre-opening	Routin	e	Follow-up	C	Compla	aint			Other						
FROZEN DESSERT		SEWAGE DI		TE	WATER										
License No				RISK F	ACTOR	SAN		ERVE		Samp	lied	Results	-		
Risk factors are f	ood preparatio	on practices ar	d employee beh	aviors mo	st comm	only	reporte	d to th	ne Ce	nters	for Disease Contro	I and Prevention as contributing	facto	rs ir	١
foodborne illness ou	tbreaks. Publi					_	_					and the second		-	Luni
COMPLIANCE			on of Knowledg		cos	R	-	OMPLI				perature for Safety Food	co	SI	R
🕕 ООТ	Person in and perfo	n charge preser orms duties	it, demonstrates k	nowledge,				Construction of the			Proper cooking, tim		-	-	_
			oyee Health				IN	OUT	N.O.		1 01	rocedures for hot holding	-	_	
	0		; policy present restriction and ex	clusion			IN	OUT	N.O.	N.A.	Proper cooling time	• • • • • • • • • • • • • • • • • • •	-	-	_
	Proper us	1 0.		clusion				OUT	N.O.	N.A.	Proper hot holding Proper cold holding		-	+	-
OUT N.O.	Proper ea	Good Hygenic Practices Proper eating, tasting, drinking, or tobacc				-		OUT	N.O.	N.A.	Proper date markin		+	+	
OUT N.O.			nose and mouth				IN	OUT	1.0	N.A.		lth control (procedures / records)	+	-	
			tamination by H						-		Co	nsumer Advisory	-	+	-
OUT N.O.	Hands cl	ean and proper	ly washed				IN	OUT		N.A.		provided for raw or undercooked			
NOUT N.O.			th ready-to-eat fo							-	food Highly S	usceptible Populations	-	+	-
			od properly follow	000000			IN	OUT	N.O.	A.	Pasturized foods use	ed, prohibited foods not offered	-	-	-
	Adequate		cilities supplied & a	accessible				5				Chemical		-	-
	Food obt		ved Source					OUT		N.A.	Food additives: app	proved and properly used			
		ained from app						OUT			Toxic substances pro	perly identified, stored and used			
		eived at proper									Conformance	with Approved Procedures			
	Required		safe and unadulte ble: shellstock tag				IN	OUT		N.A.		oproved Specialized Process and			
IN OUT N.O. 🤇	destructio	on	om Contaminatio				1.000				HACCP plan				_
	A Food ser	parated and pro		511	202		inspec		the I	ent of	each item indicates	s that item's status at the time of	the		
-			leaned & sanitize	d						IN = in compliance OUT = not in compliance					
		a state of the sta	urned, previously					N.A. = not applicable N.O. = not observed							
IN OUT 🚺.		oned, and unsa								03 - 0	corrected On Site	R = Repeat Item			
					Good	Reta	il Prac	tices		512				-	-
	Good Re	etail Practices a	re preventative m	neasures to					athoge	ens, ch	nemicals and physic	al objects into foods.			
IN OUT		Safe Food a	STOCAR LACATOR STOCK	N A COL	cos	R	IN	OUT			Proper	Use of Utensils	0	cos	R
· · · · · · · · · · · · · · · · · · ·		used where rec					\checkmark				tensils: properly stor				
Vat Wat		n approved sou					1				1	ns: properly stored, dried, handled	1		
		Food Tempera		A Share			~			-		ticles: properly stored, used		1	
•		ent for tempera methods used	ture control				\checkmark		G	ioves l	used properly	upment and Vending		-	
		1240,000 (1111) No.	irata			-	1	-	Fr	ood an		urfaces cleanable, properly		-	\vdash
V The	rmometers pro	ovided and accu				-	V		de	esigne	d, constructed, and u	used	_	_	
E con	d property labl	Food Ident ed; original con					V		_		shing facilities: installed	I, maintained, used; test strips used		4	
V Foo		-	Contamination	N. 3 St. 14 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	is no		V			511000		ean ical Facilities	-	-	
		ind animals not			1.5784	-	1		H	ot and		e; adequate pressure			
			ood prep, storage	and displa	ay	-	1	-	_		g installed; proper b		-	-	\vdash
•	•		t, fingernails and j				1				and wastewater pro				
	ing cloths: pro	perly used and	stored				1			-		structed, supplied, cleaned			
V Frui	ts and vegetat	les washed be	fore use				1		Ga	arbage	e/refuse properly disp	posed; facilities maintained			
							\checkmark		Ph	nysical	facilities installed, n	naintained, and clean		14	
Person in Charge / Tr	le:							Burfo	ord La	Rue		Date:			
					h			Owne				07/03/2020			
Inspector:	- Bang	in	LORAN PRENGE		hone No. 634-641	0			EPHS 502	NO.		Follow-up: YES		С	



Loren Bargon

CITY OF JEFFERSON DIVISION OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

Time In 01:00 PM Page 2 of 2

Time Out 04:00 PM

ONCESSIONS 39/GATOR WAGON		ADDRESS: 101 W HIGH ST		CITY/ZIP CODE JEFFERSON CITY, MO 6	CITY/ZIP CODE JEFFERSON CITY, MO 65101		
		MEASURED OBS	ERVATIONS				
Item/Location	Temp	Item/Location	Temp	Item/Location	Te	mp	
gator/RIC	39 F	slaw/RIC	42 F	fish/RI Fr	15		
fish/RI Fr	12 F	and the second				Diana	
Priority items contribute directly to t Th	he elimination, prevent ese items MUST REC	PRIORITY ITEMS ion or reduction to an acceptable EIVE IMMEDIATE ACTION with	level, hazards associated with in 72 hours or as stated.	foodborne illness or injury.	Correct By (date)	Ini	
		No Violations Observed					
ore items relate to general sanitation, procedures		CORE ITEMS acilities or structures, equipment o s are to be corrected by the net			Correct By (date)	Ini	
			8				
4		No Violations Observed	hand the firm on				
		EDUCATION PROVIDE	D OR COMMENTS				
			al An an an				
son in Charge / Title:			Burford LaRue Owner	Date: 07/03/2020			

(573) 634-6410

502

Follow-up Date:



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Concessions 39/Gatorwagon

Salute to America Festival-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

The City of Jefferson Environmental Health Division is the regulatory authority and is the issuing authority for the permit issued based on receipt of application and compliance with the City of Jefferson Food Code. This permit is nontransferable from person or place and is valid only for the establishment listed above. A valid permit shall be posted in public view in every Temporary Food Establishment.

Person in Charge

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Loran C.

Environmental Health Specialist

	-	allun a	100	
6	-	1		
1	10	F HI	b.s.	100
P				9
		1025	/	

Time In	Time Out
01:00 PM	04:00 F
Page 1 of 2	

04:00 PM

SUCH SHORTER PERIOD	IN THIS DAY, THE ITEMS NOTED BELOW IDEN OF TIME AS MAY BE SPECIFIED IN WRITIN CESSATION OF YOUR FOOD OPERATIONS.											
ESTABLISHMENT NAM	E:	OWNER:				1				PERSON IN CHARGE: Lisa		
ADDRESS: 101 W HIGH ST		1								COUNTY 51		
CITY/ZIP CODE JEFFERSON CITY, MO	65101	Phone: (660) 221-	-5630			Fa	ax:	P.H. PRIORITY 🗖 H			u C	⊐ι
ESTABLISHMENT TYP BAKERY RESTAURANT	E C. STORE SCHOOL CATERER SCHOOL CATERER			R F.P			ROCE		ORE ☐INSTITU ✓ TEMP. F		S	
PURPOSE	Routine Follow-up		Compla	int			Other					
FROZEN DESSERT	Ved SEWAGE DISPOSAL	r	WATER S				NON	I-COMI		PRIVATE		
License No.		RISK FA	CTOR	SAN		ERV	_	Sampl	led	Results		1000
	preparation practices and employee be aks. Public health interventions are co								for Disease Contro	I and Prevention as contributing	factors	s in
COMPLIANCE	Demonstration of Knowled		cos	R	-		IANCE		Time/Tem	perature for Safety Food	COS	R
	Person in charge present, demonstrates	knowledge,			IN	OUT	N.O.	N.A.	Proper cooking, tim	e and temperature	1	
	and performs duties Employee Health		19		IN	OUT	N.O.	N.A.	Proper reheating pr	ocedures for hot holding		
	Management awareness; policy present			-		OUT	N.O.	N.A.	Proper cooling time	and temperatures	-	
OUT	Proper use of reporting, restriction and e				IN	OUT	N.O.	N.A.	Proper hot holding	temperatures		
(Good Hygenic Practices			_		OUT			Proper cold holding		1	
OUT N.O.	Proper eating, tasting, drinking, or tobac			_		OUT			Proper date markin			
OUT N.O.	No discharge from eyes, nose and mout Preventing Contamination by			_	IN	OUT	N.O.	N.A.		Ith control (procedures / records)	-	
		nanus		-						provided for raw or undercooked	-	
OUT N.O.	Hands clean and properly washed No bare hand contact with ready-to-eat	foods or		_	IN	OUT		N.A.	food	-		
OUT N.O.	approved alternate method properly follo								Highly S	usceptible Populations		
	Adequate handwashing facilities supplied a	& accessible			IN	OUT	N.O.	Q.A.	Pasturized foods use	ed, prohibited foods not offered		
	Approved Source	NAME OF STREET			-	-				Chemical		
OUT	Food obtained from approved source					OUT		N.A.	and the second second second second	proved and properly used		
IN OUT NO. N.A.	Food received at proper temperature					001				perly identified, stored and used with Approved Procedures		
OUT	Food in good condition, safe and unadu	Iterated									-	
IN OUT N.O. 👧.	Required records available: shellstock ta destruction	ags, parasite			IN	OUT		Ø.A.	HACCP plan	oproved Specialized Process and		
	Protection from Contamina	tion					o the le	eft of e	each item indicates	that item's status at the time of	the	1
OUT N.A.	Food separated and protected				inspec	ction.		IN = in	compliance	OUT = not in compliance		1.1
OUT N.A.	Food-contact surfaces cleaned & sanitiz								ot applicable	N.O. = not observed		
IN OUT N.O .	Proper disposition of returned, previousl reconditioned, and unsafe food	y served,					CC)S = C	orrected On Site	R = Repeat Item		
					il Prac				1.0			
	Good Retail Practices are preventative	measures to		-				ens, ch				_
IN OUT	Safe Food and Water ized eggs used where required		COS	R	IN V	TUO		usout	ensils: properly stor	Use of Utensils	C	OS R
	nd ice from approved source				×		1			ns: properly stored, dried, handled	_	
CHORE STREET	Food Temperature Control	THE WAR	121		1					icles: properly stored, used		
🗸 Adequa	te equipment for temperature control				1		Gl	oves u	sed properly			
Approve	ed thawing methods used						122	1215		ipment and Vending		
V Thermo	meters provided and accurate				1	- 140	Fo de	ood and signed	d nonfood-contact s d, constructed, and u	urfaces cleanable, properly used		
	Food Identification				~					, maintained, used; test strips used		
V Food pr	operly labled; original container				\checkmark		No	onfood-	-contact surfaces cl			
V Insects,	Prevention of Food Contaminatio rodents, and animals not present	n			1		L	at and		ical Facilities e; adequate pressure		
	ination prevented during food prep, storag	ge and display	y		×	1		0.0250	g installed; proper ba			
	uter clothing, hair restraint, fingernails and				1	1			and wastewater pro			
Viping	cloths: properly used and stored				1					structed, supplied, cleaned		
V Fruits a	nd vegetables washed before use				~					posed; facilities maintained		
					√		Second Party	19.25	racilities installed, n	naintained, and clean		
Person in Charge / Title:						PIC	TATU			Date: 07/03/2020		
Inspector:	LORAN PRENO		one No. 634-6410	D			EPHS 502	No.		Follow-up: YES Follow-up Date:	I NO	



Time In	
01:00 PM	
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Time Out 04:00 PM

STABLISHMENT NAME:		ADDRESS:	CITY/ZIP CODE				
INDLE CONCESSIONS		101 W HIGH ST	JEFFERSON CITY, MO 6	JEFFERSON CITY, MO 65101			
		MEASURED OBSERV					
Item/Location	Temp	Item/Location	Temp	Item/Location	Te	mp	
hot dogs/RIC	40 F	burgers/RIC	39 F			_	
Priority items contribute directly to TI	the elimination, prevention hese items MUST RECI	PRIORITY ITEMS on or reduction to an acceptable level EIVE IMMEDIATE ACTION within 72	, hazards associated with 2 hours or as stated.	foodborne illness or injury.	Correct By (date)	Initi	
		No Violations Observed				-	
re items relate to general sanitation	n, operational controls, fa	CORE ITEMS cilities or structures, equipment desig	n, general maintenance	or sanitation standard operating	Correct By (date)	Initi	
procedures	(SSOPs). These items	s are to be corrected by the next re	gular inspection or as s	stated.			
	1	No Violations Observed					
		EDUCATION PROVIDED OF	R COMMENTS		1		
			К. ц.				

Person in Charge / Title:	LISA	A TATUM	Date:	
	PIC		07/03/2020	
Inspector: LORAN PRENGER	Telephone No. (573) 634-6410	EPHS No. 502	Follow-up: YES Follow-up Date:	NO NO



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Kindle Concessions

Salute to America Festival-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

The City of Jefferson Environmental Health Division is the regulatory authority and is the issuing authority for the permit issued based on receipt of application and compliance with the City of Jefferson Food Code. This permit is nontransferable from person or place and is valid only for the establishment listed above. A valid permit shall be posted in public view in every Temporary Food Establishment.

erson in Charge

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist



Time In	Time
01:00 PM	04:
Page 1 of 2	

Time Out
04:00 PM

SUCH :	SHORTE	R PERIOD	OF TIME AS	THE ITEMS NOTED BELOW IDENT S MAY BE SPECIFIED IN WRITING OF YOUR FOOD OPERATIONS.												
ESTAB	LISHM	ENT NAM	E:	, INC-COPPER NUT KETTLE	OWNER: SCOTT S	HEPHE	RD						PERSON IN CHARGE: Scott			
	HIGH S												COUNTY 51			
JEFFE		СІТҮ, МО			Phone: (573) 230-	· · · · · · · ·							P.H. PRIORITY 🗖 H	Шм	V	٦L
	ERY TAURAN	ENT TYPE				DELI SUMME	R F.P) .		ROCEF		ORE INSTITU		DORS		
PURPO	OSE					Compla	aiat			Other						
	-opening		Routine	E Follow-up		NATER		PLY		Other						
	oved [Disappro	ved		l r	COI					-COMI Samp	MUNITY C	PRIVATE Results		-	
					RISK FA	SACING/A ENDIN				-1600 B - 50 T -						
				n practices and employee bear c health interventions are con								for Disease Contro	and Prevention as contribu	iting fa	ctors	IN
	PLIAN			Demonstration of Knowledg		cos				IANCE	ijai j.	Time/Tem	perature for Safety Food	-	cos	R
	лит		Person in	charge present, demonstrates	knowledge,				OUT	N.O.	N.A.	Proper cooking, tim	ne and temperature			
			and perfor	rms duties Employee Health					OUT	N.O.	N.A.	Proper reheating p	rocedures for hot holding			
	DUT		Managem	nent awareness; policy present	And a sub-				OUT			Proper cooling time				
			Proper us	e of reporting, restriction and ex	clusion				OUT	N.O.		Proper hot holding				
~			Deserves	Good Hygenic Practices					OUT			Proper cold holding				
-	DUT N.			ting, tasting, drinking, or tobacc						N.O.		Proper date markin	ig and disposition alth control (procedures / records	0		
	DUT N.	0.		arge from eyes, nose and mouth reventing Contamination by H		-			001	N.O.	N.A.		nsumer Advisory	·/		-
	OUT N.			an and properly washed	anus			-					provided for raw or undercoo	ked	1.71	
	JUT N.	0.			ods or				OUT		N.A.	food			1	-
	DUT N.	0.	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					_				Highly Susceptible Populations				
	DUT		Adequate handwashing facilities supplied & accessil						OUT	N.O.	N.A.	Pasturized foods use	ed, prohibited foods not offered			
			Approved Source			19			OUT	our let all	N.A.	Food additives: an	Chemical		-	
	DUT		Food obtained from approved source						OUT		11.0.	A. Food additives: approved and properly used Toxic substances properly identified, stored and used			-	
	DUT N.	.O. N.A.								with Approved Procedures	-	-				
	TUC		Food in g	ood condition, safe and unadult	erated							Compliance with a	pproved Specialized Process a	and		1
	OUT N.	.O. N.A.	Required destructio						OUT		N.A.	HACCP plan				
~			F	Protection from Contaminati	on			This inspe		o the le	eft of	each item indicates	s that item's status at the tim	e of th	е	
-	DUT	N.A. N.A.		arated and protected tact surfaces cleaned & sanitize	d	_		inspe	cuon.	1	N = in	compliance	OUT = not in complia	ance		
	DUT N.		Proper dis	sposition of returned, previously ned, and unsafe food					e h	N.A. = not applicableN.O. = not observedCOS = Corrected On SiteR = Repeat Item						
								ail Prac						182		
			Good Re	tail Practices are preventative n Safe Food and Water	neasures to		_	_			ens, ch		Use of Utensils		Inc	-
	OUT	Pasteur	ized eggs u	used where required		COS	K	IN V	001	-	use ut	tensils: properly stor			CO	SR
1				approved source			1	V		1.000			ens: properly stored, dried, har	dled	+	-
			196	ood Temperature Control				~				-	ticles: properly stored, used			
~				ent for temperature control				\checkmark		Glo	oves u	ised properly				1
×				methods used				-	-	Eo	od an		uipment and Vending surfaces cleanable, properly		-	_
~		Thermo	meters pro	vided and accurate				~		de	signed	d, constructed, and	used			
		E	Food Identification				_	~					d, maintained, used; test strips use	ed		
~		Food pr	properly labled; original container					~	14	No	ntood	-contact surfaces cl		No. of Street	-	
1		Insects.	Prevention of Food Contamination sects, rodents, and animals not present				-	1		Но	t and		sical Facilities e; adequate pressure		-	-
~	Contamination prevented during food prep, storage and displa				e and display	у		1		-	10000	g installed; proper b			-	-
\checkmark				g, hair restraint, fingernails and	jewelry			\checkmark			_	and wastewater pro				
~		Wiping	cloths: prop	perly used and stored				1					structed, supplied, cleaned			
~		Fruits a	nd vegetab	les washed before use				1			-		posed; facilities maintained maintained, and clean		_	_
Daraa	in Char	no / Titler				-		V	800	TT SHE				-	-	
Person	in Char	ge / Title:							OWN		FUE		Date: 07/03/2020			
Inspect	tor:	lor	- Prenge	LORAN PRENG	A CARL AND A CONTRACTOR	one No. 634-641				EPHS 1 502	No.		Follow-up: YES Follow-up Date:	V	NO	



Time In		
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Time Out 04:00 PM

		Page 2 of 2				
EST&BLISHMENT NAME: MID-AMERICA HEALTH SOURCE, INC-COPF	ABLISHMENT NAME: ADDRESS: CITY/ZIP CODE AMERICA HEALTH SOURCE, INC-COPPER NUT KETTLE 101 W HIGH ST JEFFERSON CITY, MO					
	MEASURED OBSERVATIONS					
No Temperature Observations						
Priority items contribute directly to the elimin These item	PRIORITY ITEMS ation, prevention or reduction to an acceptable level, hazards a as MUST RECEIVE IMMEDIATE ACTION within 72 hours or	associated with foodborne illness or injury. Correct By (date) Init				
		·				
	No Violations Observed					
core items relate to general sanitation, operation procedures (SSOPs)	CORE ITEMS inal controls, facilities or structures, equipment design, general . These items are to be corrected by the next regular insp	I maintenance or sanitation standard operating (date) Ini pection or as stated.				
	No Violations Observed					
	EDUCATION PROVIDED OR COMM					
	s only]. Tent [temporary] food unit passed health inspe	nu consisted of cinnamon roasted nuts, chocolate roasted ection with handwashing station and three tubs for				
	2 ⁸ .					
erson in Charne / Title:	22277.0	HEPHERD Date:				

Person in Ch	narge / Title:			SCO	OTT SHEPHERD	Date:					
				OW	NER	07/03/2020					
Inspector:	Loran	Bangeon	LORAN PRENGER	Telephone No. (573) 634-6410	EPHS No. 502	Follow-up: YES Follow-up Date:	NO				



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Mid-America Health Source, Inc-Copper Nut Kettle

Salute to America Festival-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

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Person in Charge

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

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and and		AL A		
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Time In	Time Out			
01:00 PM	04:00 PM			
Page 1 of 2				

	PERIOD	OF TIME A	AS MAY BE SPE	CIFIED IN WRITING								E LIMITS FOR CORRECTIONS SPEC		
ESTABLISHMENT NAME: OWNER: SMOKIN PIG-TEMPORARY FOOD JOHNNY PO						ER		PERSON IN CHARGE: Johnny						
ADDRESS: 101 W HIGH ST								COUNTY 51						
CITY/ZIP CODE Phone: JEFFERSON CITY, MO 65101 (870) 634-6										P.H. PRIORITY 🗖 H	М	٦L		
ESTABLISHMEN BAKERY RESTAURANT	T TYPE	□с. sто □sснос	RE	CATERER		DELI SUMN	IER F.F	».		ROCERY ST AVERN			RS	
PURPOSE		Routin	ie	Follow-up		Com	plaint			Other				
FROZEN DESSE		ved	SEWAGE D							NON-COM		PRIVATE		
License No.			POBLIC			ACTO	RS A		FRV	Date Sam	pled	Results		
Risk factors are	e food	preparatio	on practices a	nd employee beha			110		2414,241767.0		for Disease Contro	ol and Prevention as contributing	g fact	ors in
foodborne illness	outbre	aks. Publi		ventions are contr				-				and the second		
COMPLIANCE		14-12		tion of Knowledge			SR	0		IANCE		perature for Safety Food	cc	DS R
🕦 ООТ		Person in and perfo	n charge prese orms duties	nt, demonstrates k	nowledge,				OUT	N.O. N.A.	Proper cooking, tir	ne and temperature		
		und perie		loyee Health			-		OUT	N.O. N.A.	Proper reheating p	procedures for hot holding		=
UN OUT		Managen	nent awarenes	s; policy present					OUT	N.O. N.A.	Proper cooling tim	e and temperatures		-
UN OUT		Proper us		, restriction and exc	clusion		-		21-31-6-24	N.O. N.A.	Proper hot holding			
~		Dramar ar		genic Practices					OUT	N.A.	Proper cold holdin		_	_
OUT N.O.		· · · · · · · · · · · · · · · · · · ·	•	drinking, or tobacco	Juse		+			N.O. N.A.	Proper date marking	ng and disposition alth control (procedures / records)	_	
OUT N.O.			<u> </u>	s, nose and mouth	ando			IN	OUT	₫. 0 N.A.		,	_	
<u> </u>				ntamination by Ha	ands							onsumer Advisory y provided for raw or undercooked		
OUT N.O.			ean and prope					IN	OUT	N.A.	food	y provided for faw of undercooked		
N.O.		No bare hand contact with ready-to-eat foods or approved alternate method properly followed									Highly Susceptible Populations			
OUT OUT		Adequate handwashing facilities supplied & acces					+	IN	OUT	N.O. 👧	O. (I.A. Pasturized foods used, prohibited foods not offered			
001		Aucquaic			iccessible							Chemical		
		Approved Source Food obtained from approved source					+		OUT	N.A.	N.A. Food additives: approved and properly used			
					-		OUT		Toxic substances properly identified, stored and user					
	N.A.										Conformanc	e with Approved Procedures		_
IN OUT N.O.	N.A.		records availa	safe and unadulte able: shellstock tag				IN	OUT	Compliance with approved Specialized Proces		approved Specialized Process and		
		uestructio		rom Contaminatio	n			This	attar t	a the left of		s that item's status at the time of		
	NA	Food sen	parated and pro					inspe		o the left of	each item indicate	s that item's status at the time of	if the	
	N.A. N.A.			cleaned & sanitized	1	_	+		IN = in compliance OUT = not in compliance					
	0.0.	Proper di		turned, previously					e.	N.A. = not applicable N.O. = not observed COS = Corrected On Site R = Repeat Item				
								ail Prac						
,		Good Re			easures to	contro	I the in	troducti	on of p	bathogens, c		cal objects into foods.	-	
IN OUT			Safe Food			cc	SR	IN	OUT	and the second s		r Use of Utensils		cos
•			used where re n approved sor	•			_	V			itensils: properly sto		-	
✓	valera		Food Tempera			-		1				ens: properly stored, dried, handle rticles: properly stored, used	a	
	Adequat		ent for tempera		- 11 A			V		-	used properly	nicles. property stored, used		
			methods used					V		Gioves		uipment and Vending		
								1		Food an	nd nonfood-contact	surfaces cleanable, properly		
· · · ·	nenno	nometers provided and accurate				-	_			designe	ed, constructed, and	used		
	ood pr	Food Identification					V			shing facilities: installe d-contact surfaces c	d, maintained, used; test strips used			
V 1	oou pi	properly labled; original container					_	✓		NOTIOO				
	nsects	Prevention of Food Contamination						1		Hot and		sical Facilities		
•	Insects, rodents, and animals not present Contamination prevented during food prep, storage and display				ay		×			ng installed; proper t	1000 01 01 01 01 01 01 01 01 01 01 01 01			
				nt, fingernails and j				1			and wastewater pr			
			perly used and			-		1				istructed, supplied, cleaned		
/ c	ruite ar	d vegetab	oles washed be	efore use				1				sposed; facilities maintained		
× 「	iuns di	a vegetab	nes wasneu De					-				maintained, and clean		
Person in Charge	/ Title:								JOH	NNY PORTE		Date:		
									OWN		1494851	07/03/2020		
Inspector:		- Hang	con.	LORAN PRENGE		hone N				EPHS No.			🖌 N	10
					(573)	634-64	¥10			502		Follow-up Date:		

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Time In	
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Time Out 04:00 PM

		Page 2 of 2				
TABLISHMENT NAME: ADDRESS: OKIN PIG-TEMPORARY FOOD 101 W HIGH ST			CITY/ZIP CODE JEFFERSON CITY, MO 65101			
		MEASURED OBSERVA	TIONS	,	application and	2.25
Item/Location	Temp	Item/Location	Temp	Item/Location	Те	mp
pulled pork/Roaster	152 F	baked beans/Roaster	190 F	turkey legs/HHC		
ribs/HHC	185 F	cole slaw/True RIC	38 F	Land of the Land Maleral		
Priority items contribute directly to t Th	he elimination, prevent lese items MUST REC	PRIORITY ITEMS ion or reduction to an acceptable level, h EIVE IMMEDIATE ACTION within 72 h	azards associated with nours or as stated.	h foodborne illness or injury.	Correct By (date)	Ini
		No Violations Observed	•	1.199.00		
		CORE ITEMS acilities or structures, equipment design, s are to be corrected by the next regu			Correct By (date)	Ini
		No Violations Observed				
		EDUCATION PROVIDED OR	COMMENTS			
			aat T			

Person in Charge / Title: JOHNN		INNY PORTER	Date:		
		OW	NER	07/03/2020	
Inspector: -19	LORAN PRENGER	Telephone No.	EPHS No.	Follow-up: YES	NO NO
torm pangar		(573) 634-6410	502	Follow-up Date:	



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Smokin Pig Food Concessions

Salute to America Festival-Downtown Jefferson City

Is Licensed to Operate as a Temporary Food Establishment in Jefferson City, Missouri

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erson in Charge

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

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 Page 1 of 2
 04:00 PM

SUCH SHORTER PERIC	D OF TIME AS										LIMITS FOR CORRECTIONS SPEC			
ESTABLISHMENT NA SMOKIN PIG-TEMPO			OWNER	: PORTE	R						PERSON IN CHARGE: Johnny			
ADDRESS: 101 W HIGH ST							*	1			COUNTY 51			
CITY/ZIP CODE JEFFERSON CITY, M	O 65101		Phone: (870) 634	1-6661			Fa	ax:			P.H. PRIORITY 🔲 H	IM E	⊐L	
				DELI SUMMEI	R F.P			ROCE	RY ST	ORE INSTITU		RS		
PURPOSE Pre-opening	Routine	Follow-up		Compla	int			Other						
FROZEN DESSERT	round	SEWAGE DISPOSAL		WATER				NON	I-COM		PRIVATE			
License No.								Date	Samp		Results	-		
网络拉斯拉尔斯杜利				ACTOR								-		
		practices and employee beh health interventions are cont								for Disease Contro	I and Prevention as contributing	factors	's in	
COMPLIANCE		Demonstration of Knowledg		cos	_		OMPL			Time/Tem	perature for Safety Food	cos	R	
	Person in c	harge present, demonstrates l				IN	OUT	N.O.	N.A.	Proper cooking, tim				
001	and perform	ns duties Employee Health				IN	OUT	N.O	N.A.	Proper reheating pr	ocedures for hot holding	-		
	Manageme	nt awareness; policy present				IN	OUT	N.O.	N.A.	Proper cooling time				
		of reporting, restriction and ex	clusion			IN	OUT	N.O.		Proper hot holding		-		
		Good Hygenic Practices				IN	OUT		N.A	Proper cold holding				
OUT N.O.	Proper eatin	ng, tasting, drinking, or tobacc	o use				OUT	N.O.	N.A.	Proper date markin	g and disposition			
OUT N.O.	No discharg	ge from eyes, nose and mouth				IN	OUT	N.O.	N.A.	Time as a public hea	Ith control (procedures / records)			
1	Pre	venting Contamination by H	ands				1			Co	nsumer Advisory	8		
OUT N.O.	Hands clea	n and properly washed				IN	OUT		N.A.		provided for raw or undercooked			
OUT N.O.	No bare ha	nd contact with ready-to-eat fo	ods or				1515(0)		-	food Highly S	usceptible Populations	-		
	approved alternate method properly followed				IN	OUT	N.O.	N.A.		ed, prohibited foods not offered				
	Adequate handwashing facilities supplied & accessible						001	N.O.	.	T dotanzed roods dot	Chemical			
	er solo	Approved Source					OUT		N.A.	Food additives: apr	proved and properly used			
😡 оит	Food obtain	Food obtained from approved source					OUT				perly identified, stored and used			
IN OUT N.O. 😡	Food received at proper temperature				-		122			with Approved Procedures		-		
🕦 Ουτ	Food in goo	od condition, safe and unadulte	erated								proved Specialized Process and			
IN OUT N.O. 😡	Required re destruction	ecords available: shellstock tag	js, parasite			IN	OUT		N.A.	HACCP plan	proved opecialized indeess and			
		Protection from Contamination	on					the I	eft of	each item indicates	that item's status at the time of	f the		
		ated and protected				IN = in compliance OUT = not in comp					OUT = not in complianc	e		
OUT N.A	•	ct surfaces cleaned & sanitize		_	_	N.A. = not applic					able N.O. = not observed			
IN OUT 🚺.		osition of returned, previously ed, and unsafe food	servea,					CC)S = C	orrected On Site	R = Repeat Item			
	h se					il Prac								
		il Practices are preventative m	neasures to					athoge	ens, ch	emicals and physic	al objects into foods.			
IN OUT		Safe Food and Water		COS	R	IN	OUT	-			Use of Utensils	C	OS R	
	00	ed where required				~				tensils: properly stor				
Vater Water		approved source				~	-		3-13-0 - 12-13-13-13-13-13-13-13-13-13-13-13-13-13-	and the second of the second	ns: properly stored, dried, handle	d	_	
		od Temperature Control				~					icles: properly stored, used			
	ved thawing m	t for temperature control			-	~		G	oves u	Ised properly	ipment and Vending			
					-	- 1	+	Fr	od an	d nonfood-contact s	urfaces cleanable, properly		- 1	
V Them	iometers provid	ded and accurate				~		de	esigneo	d, constructed, and u	used		<u></u>	
		Food Identification				\checkmark					, maintained, used; test strips used			
V Food		; original container				\checkmark		No	onfood	-contact surfaces cl				
		tion of Food Contamination animals not present				1			tond		ical Facilities			
		ented during food prep, storage	and displa	av		×			2-2.		e; adequate pressure			
		hair restraint, fingernails and		-/		~		_		g installed; proper ba and wastewater pro				
		rly used and stored			-	~					structed, supplied, cleaned			
		s washed before use			1	1					posed; facilities maintained			
Y I I I I I I I I I I I I I I I I I I	and regetables					\checkmark		Ph	nysical	facilities installed, n	naintained, and clean			
Person in Charge / Title							JOHN		ORTE	R	Date: 07/03/2020			
Inspector:	- Banger	LORAN PRENGE		hone No.				EPHS	No.		Follow-up: YES	NO		
			(573)	634-641	U			502			Follow-up Date:			

CITY OF JEFFERSON	Time In 01:00 PM	Time Out 04:00 P							
FOOD ESTABLISHMENT INSPECTION REPORT Page 2 of 2									
ESTABLISHMENT NAME: ADDRESS: CITY/ZIP CODE SMOKIN PIG-TEMPORARY FOOD 101 W HIGH ST JEFFERSON CITY, MO 68									
	MEASURED OBSERVATIONS								
No Temperature Observations									
	PRIORITY ITEMS n, prevention or reduction to an acceptable level, hazards as IUST RECEIVE IMMEDIATE ACTION within 72 hours or a		Correct By (date)						
	No Violations Observed								
	CORE ITEMS controls, facilities or structures, equipment design, general n hese items are to be corrected by the next regular inspe		Correct By (date)						

Initial

Initial

EDUCATION PROVIDED OR COMMENTS

No Violations Observed

Mobile BEVERAGE concession trailer set up for Salute to America in Downtown Jefferson City. Menu consisted of drinks and nachos [cheese only]. Trailer passed health inspection.

Person in Charge / Title:	JOH	INNY PORTER	Date:	
	OW	NER	07/03/2020	
Inspector: LORAN PRENGER	Telephone No. (573) 634-6410	EPHS No. 502	Follow-up: YES Follow-up Date:	NO NO



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

Temporary Food Establishment Operating Permit

This Certifies

Smokin Pig Beverage Concessions

Salute to America Festival-Downtown Jefferson City

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Person n Charge

Issued Date: July 3, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

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Time In 04:00 PM Time Out 04:30 PM Page 1 of 2

SUCH	SHORT	TER PERIOD	OF TIME AS										RECTED BY THE NEXT ROUTINE INSP E LIMITS FOR CORRECTIONS SPECIF			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		MENT NAM			OWNER: DANIEL O	GREEN							PERSON IN CHARGE: Samantha Green			
ADDRESS: 205 E HIGH ST													COUNTY 51		I	
JEFFE		I CITY, MO			Phone: (573) 634-	9100			Fa	ax:				и [🗸 L	
	BLISHN KERY STAUR/					DELI SUMMEI					ERY ST			S		
PURP			Routine			Compla				Other	•					-
FROZ	EN DE	SSERT		SEWAGE DISPOSAL	1	NATER	SUP			-						-
Licens			ved			CON	MUN	NTY			N-COM e Samp	MUNITY C	PRIVATE Results			1
	12.5				RISK FA	N. 811 A. 26297						Rufe Horiz				
				n practices and employee beh c health interventions are cont				9.5 million (1997)				for Disease Contro	ol and Prevention as contributing	factor	rs in	
	MPLIAN			Demonstration of Knowledg		cos	R	_		IANCE		Time/Tem	perature for Safety Food	cos	SR	-
			Person in	charge present, demonstrates	knowledge.		-	IN	OUT	N.O.	N.A.	Proper cooking, tin				-
	001		and perfor	charge present, demonstrates l rms duties			_	IN	OUT	NO			rocedures for hot holding			-
			Managem	Employee Health nent awareness; policy present				IN		N.O.		Proper cooling time			-	-
				e of reporting, restriction and ex	clusion		-	IN	OUT	N.O.	_	Proper hot holding				-
				Good Hygenic Practices				IN	OUT			Proper cold holding				1
	OUT N	N.O.	Proper ea	ting, tasting, drinking, or tobacc	o use			IN	OUT	N.O.	N.A.	Proper date markir	ng and disposition			
		1.0.	No discha	arge from eyes, nose and mouth	í.			IN	OUT	N.O.	N.A.	Time as a public hea	alth control (procedures / records)			
			Pr	reventing Contamination by H	ands							Co	onsumer Advisory			1
	OUT I	N.O.	Hands cle	ean and properly washed				IN	OUT		N.A.		y provided for raw or undercooked			
	о тис		No bare hand contact with ready-to-eat foods or								-	food Highly S	usceptible Populations			-
		approved alternate method property followed		ved	_	_	IN	OUT	N.O.			ed, prohibited foods not offered			-	
	OUT Adequate handwashing facilities supplied & accessible			accessible			IN	001	N.O.	Q.9 .		Chemical		-	-	
	Approved Source						IN	OUT		N.A.	Food additives: an	proved and properly used		-	-	
			Food obtained from approved source						OUT	the second			operly identified, stored and used	-	+	
	OUT 🕯	0. N.A.	N.A. Food received at proper temperature						1.5			Conformance with Approved Procedur				-
	OUT Food in good condition, safe and unadulterated Required records available; shellstock tags, parasit					IN	OUT		N.A.	Compliance with a HACCP plan	pproved Specialized Process and					
IN	OUT I	N.O. 👧.	destructio	n Protection from Contamination				This I	etter to	the l	left of		s that item's status at the time of	the		-
	OUT	N.A.	Food sepa	arated and protected				This letter to the left of each item indicates that item's status at the ti inspection.						uic		
		N.A.	Food-cont	tact surfaces cleaned & sanitize	d					IN = in compliance OUT = not in compl N.A. = not applicable N.O. = not observe						
	оит и	N.O.		sposition of returned, previously ned, and unsafe food	served,							corrected On Site	N.O. = not observed R = Repeat Item			
-			Good Ret	tail Practices are preventative m	easures to			troducti		athon	ens ch	pemicals and physic	al objects into foods			
IN	OUT			Safe Food and Water		cos	_	IN		-	5, 01		Use of Utensils	6		,
 ✓ 		Pasteur	ized eggs u	used where required			1	✓		-	-use u	tensils: properly sto			33 R	÷
1		Water a	nd ice from	approved source			1	1					ens: properly stored, dried, handled			
-			F	ood Temperature Control				\checkmark		Si	ingle-u	se/single-service ar	ticles: properly stored, used	-		
\checkmark		Adequa	te equipme	ent for temperature control				\checkmark		G	loves u	used properly				
\checkmark		Approve	ed thawing r	methods used		_							uipment and Vending			_
\checkmark		Thermo	meters prov	vided and accurate				\checkmark		Fo	ood an esigned	d nonfood-contact s d, constructed, and	urfaces cleanable, properly used			
				Food Identification				\checkmark		_	-		d, maintained, used; test strips used			
\checkmark		Food pr	operly lable	ed; original container				\checkmark		N	onfood	-contact surfaces cl	ean		44.20	1
				ention of Food Contamination							STATES (ical Facilities			
1				nd animals not present				1					e; adequate pressure			
~				vented during food prep, storage				V				g installed; proper b				
~				g, hair restraint, fingernails and j perly used and stored	Jeweny	_	-	1				and wastewater pro				_
V			· · ·				-	×					structed, supplied, cleaned posed; facilities maintained			
~		Fruits a	nd vegetabl	les washed before use				~	-				maintained, and clean		1	-
Person	n in Chr	arge / Title:									12.00		Date:			-
. 01301													07/04/2020			
Inspec	tor:	D	Coullmon	DAVID GRELLNE		one No. 634-641	0			EPHS 503	No.			NO)	

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FOOD ESTABLISHMEN	FOOD ESTABLISHMENT INSPECTION REPORT									
ESTABLISHMENT NAME: DANIEL GREEN FOR JUDGE	ADDRESS: 205 E HIGH ST	CITY/ZIP CODE JEFFERSON CITY, MO 65101								
	MEASURED OBSERVATIONS									
No Temperature Observations										
	PRIORITY ITEMS	Correct By Initial								
Priority items contribute directly to the elimination	on, prevention or reduction to an acceptable level, hazards a MUST RECEIVE IMMEDIATE ACTION within 72 hours or	issociated with foodborne illness or injury. (date)								
These nema n										
	No Violations Observed	Correct By Initia								
CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating										
procedures (SSOPs). T	hese items are to be corrected by the next regular inspe	ection or as stated. (date)								
	No Violations Observed									
	EDUCATION PROVIDED OR COMME	ENTS								
Daniel Green For Judge temporary food sta	and. Menu items: Sno-cones.									
	50 ¹⁰ 11									
rson in Charge / Title:		Date: 07/04/2020								
spector:	DAVID GRELLNER Telephone No. EPHS	No. Follow-up: YES INO								
Long Couliner	(573) 634-6410 503	Follow-up Date:								



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

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Salute To America Festival

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Person in Charge Samoutha Green Issued Date: July 4, 2020 Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

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Time In
04:00 PMTime Out
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SUCH SHORTER PERIOD	IN THIS DAY, THE ITEMS NOTED BELOW IDENTI OF TIME AS MAY BE SPECIFIED IN WRITING CESSATION OF YOUR FOOD OPERATIONS.											
ESTABLISHMENT NAM	E:	OWNER:	NDRE							PERSON IN CHARGE: David G. Bandre		
ADDRESS: 205 E HIGH ST				-						COUNTY 51		
CITY/ZIP CODE JEFFERSON CITY, MO	65101	Phone: (573) 635-2	424			Fa	ax:				и [√]L
ESTABLISHMENT TYP DBAKERY DRESTAURANT	E C. STORE SCHOOL CATERER SCHOOL CATERER			DED				RY ST	ORE		s	
PURPOSE							Other					
FROZEN DESSERT	SEWAGE DISPOSAL		ATER		PLY	2						
Approved Disappro	PUBLIC PRIVA	TE 🗹	CON	MUN	IITY							
License No.							-	e Samp	led	Results	_	
		RISK FA	100 A 100 - 100 / 100	1.11.0/27/10.110		Constant Statute	and the second second	A CONTRACTOR OF				
	preparation practices and employee beh aks. Public health interventions are cont								for Disease Contro	and Prevention as contributing	factor	's in
COMPLIANCE	Demonstration of Knowledg		cos	_		OMPL			Time/Tem	perature for Safety Food	Loos	
COMPLIANCE			COS	ĸ		2010/01/02					COS	S R
OUT 🕔	Person in charge present, demonstrates and performs duties	nowledge,			IN	OUT	N.O.	Q.A.	Proper cooking, tim	ne and temperature		_
	Employee Health				IN	OUT	N.O.	N.A.	Proper reheating pr	rocedures for hot holding		
OUT	Management awareness; policy present				IN	OUT	N.O.	N.A.	Proper cooling time	e and temperatures		
UV OUT	Proper use of reporting, restriction and ex	clusion			IN	OUT	N.O.	N.A	Proper hot holding	temperatures	-	
	Good Hygenic Practices				IN	OUT		N.A	Proper cold holding	g temperatures		
OUT N.O.	Proper eating, tasting, drinking, or tobacco	ouse			IN	OUT	N.O.	N.A.	Proper date markin	ig and disposition		
OUT N.O.	No discharge from eyes, nose and mouth				IN	OUT	N.O.	N.A.	Time as a public hea	alth control (procedures / records)		
	Preventing Contamination by H	ands		-					Co	onsumer Advisory		
OUT N.O.	Hands clean and properly washed						1.	-		provided for raw or undercooked	-	
	No bare hand contact with ready-to-eat fo	ods or		-	IN	OUT		N.A.	food	usceptible Populations	_	
N.O.	approved alternate method properly follow	/ed						-			2	
N OUT	Adequate handwashing facilities supplied &	accessible			IN	OUT	N.O.	N.A.	Pasturized foods use	ed, prohibited foods not offered		50
	Approved Source			_						Chemical		
	Food obtained from approved source			_	IN	OUT		N.A.	Food additives: app	proved and properly used		_
-	Food received at proper temperature					OUT			Toxic substances pro	operly identified, stored and used		
IN OUT N.O. N.A.									Conformance	e with Approved Procedures		
IN OUT N.O. MA.	Food in good condition, safe and unadulte Required records available: shellstock tag destruction		$\left \right $		IN	OUT		N.A.	Compliance with a HACCP plan	pproved Specialized Process and		
	Protection from Contamination	on		-	This l	etter to	the I	left of	each item indicates	s that item's status at the time of	the	-
OUT N.A.	Food separated and protected				inspec							
OUT N.A.	Food-contact surfaces cleaned & sanitize	d							compliance	OUT = not in compliance		
N OUT N.O.	Proper disposition of returned, previously reconditioned, and unsafe food	served,				- ⁶			not applicable orrected On Site	N.O. = not observed R = Repeat Item		
			Good	Reta	il Pract	tices	1	12:52				
	Good Retail Practices are preventative m	easures to c					athoge	ens, ch	emicals and physic	al objects into foods.	-	
IN OUT	Safe Food and Water		cos		IN	OUT		-		Use of Utensils	c	OS R
V Pasteur	ized eggs used where required				\checkmark			-use ut	tensils: properly stor	red		
Vater a	nd ice from approved source				1		Ut	tensils,	equipment and line	ens: properly stored, dried, handled		
6.0.2.	Food Temperature Control				~		Si	ingle-u	se/single-service art	ticles: properly stored, used		
V Adequa	te equipment for temperature control				\checkmark		G	loves u	ised properly			
V Approve	ed thawing methods used								Utensils, Equ	uipment and Vending		
V Thermo	meters provided and accurate				1		Fo	ood an	d nonfood-contact s	urfaces cleanable, properly used		
	Food Identification	Sec.			1				1	d, maintained, used; test strips used		-
Food pr	operly labled; original container				1	-	_		-contact surfaces cl			
	Prevention of Food Contamination		3				10.28	1012-01		ical Facilities		
Insects.	rodents, and animals not present				~	1	H	ot and		e; adequate pressure		
	ination prevented during food prep, storage	and display			1	1		10050	g installed; proper b			
	uter clothing, hair restraint, fingernails and j	ewelry			1		_		and wastewater pro			
Viping	cloths: properly used and stored				~		_			structed, supplied, cleaned		
V Fruits a	nd vegetables washed before use				~					posed; facilities maintained		
					\checkmark		Ph	nysical	facilities installed, n	naintained, and clean		
Person in Charge / Title:										Date: 07/04/2020		t
Inspector:	Caller DAVID GRELLNE	R Telepho (573) 63		0			EPHS 503	No.		Follow-up: YES Follow-up Date:	NO	

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CITY OF JEFFERSON

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DIVISION OF ENVIRO	04:00 PM	04:30 F	in all a			
FOOD ESTABLISHME	ENT INSPECTION REPORT	Page 2 o	Page 2 of 2			
STABLISHMENT NAME: AVID G. BANDRE FOR JUDGE	ADDRESS:		CITY/ZIP CODE JEFFERSON CITY, MO 65101			
AVID G. BANDRE FOR JUDGE	205 E HIGH ST	JEFFERSON CITY, M	JITY, MO 65101			
	MEASURED OBSERVATIONS					
No Temperature Observations				-		
	PRIORITY ITEMS ation, prevention or reduction to an acceptable level, hazards asso IN MUST RECEIVE IMMEDIATE ACTION within 72 hours or as		Correct By (date)	Initia		
	No Violations Observed					
	CORE ITEMS nal controls, facilities or structures, equipment design, general ma . These items are to be corrected by the next regular inspect		Correct By (date)	Initia		
	No Violations Observed					
	EDUCATION PROVIDED OR COMMEN	TS				

Person in Charge / Title:				Date: 07/04/2020	a È
Inspector:	DAVID GRELLNER	Telephone No. (573) 634-6410	EPHS No. 503	Follow-up: YES Follow-up Date:	NO



320 East McCarty Street Jefferson City, MO 65101 Phone: (573) 634-6410 Fax: (573) 634-6457 www.jeffersoncitymo.gov

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Issued Date: July 4, 2020

Expiration Date: Midnight July 4, 2020

Environmental Health Specialist

Person in Charge

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SUCH SHORTER PERIOD		ECIFIED IN WRITING									RECTED BY THE NEXT ROUTINE INSP LIMITS FOR CORRECTIONS SPECIF		
ESTABLISHMENT NAM PBJ HAPPEE DAY SHO			OWNER: PBJ HAF		NY SH	iows					PERSON IN CHARGE: Cayla Casper		
ADDRESS: 201 MADISON ST											COUNTY 51		
CITY/ZIP CODE JEFFERSON CITY, MO	65101		Phone: (612) 232	-8685			Fa	ax:				л [√] L
ESTABLISHMENT TYP BAKERY RESTAURANT	RY C. STORE CATERER			DELI							S		
PURPOSE	Routine	Follow-up			aint			Other					
FROZEN DESSERT	SEWAGE [DISPOSAL		WATER	SUP			NON	N-COM		PRIVATE		
License No			RISK F/	ACTOR	SAN		ERVE		Samp	led	Results	22212	alers a
Risk factors are food	preparation practices a	and employee beh			-			-		for Disease Contro	I and Prevention as contributing	factor	s in
	aks. Public health inte										and Provension de contributing	laotor	0
COMPLIANCE	Demonstra	tion of Knowledg	e	COS	R	0	OMPL	IANCE		Time/Tem	perature for Safety Food	COS	R
	Person in charge prese	ent, demonstrates k	nowledge,	ALCON.			OUT	N.O.	N.A.	Proper cooking, tim			
001	and performs duties	Laura I I a a Mila	-	_			OUT	N.O.	ΝΔ	Proper reheating n	rocedures for hot holding	-	
O		loyee Health		23			100000	N.O.		Proper cooling time			
	Management awarene Proper use of reporting		clusion				OUT	N.O.		Proper hot holding			
		genic Practices	3031011	193			OUT	N.O.	N.A.	Proper cold holding		-	
OUT N.O.	Proper eating, tasting,		use					N.O.		Proper date markin			
-	No discharge from eye	s nose and mouth				IN		N.O.			alth control (procedures / records)		
UN OUT N.O.	<u> </u>	ntamination by Ha	ands				001	N.O.	S		onsumer Advisory	-	
W OUT N.O.	Hands clean and prope		1103			IN	OUT		N.A.		provided for raw or undercooked	-	
N.O.	No bare hand contact with ready-to-eat foods or approved alternate method properly followed										usceptible Populations		
	Adequate handwashing					IN	OUT	N.O.	A.A.	Pasturized foods us	ed, prohibited foods not offered		
		oved Source		12							Chemical		
	Food obtained from approved source				-	IN	OUT		N.A.	Sec. St. St.	proved and properly used		
IN OUT NO. N.A.	Food received at proper temperature						OUT			Toxic substances properly identified, stored and used			-
	Food in good condition		rated							Conformance	e with Approved Procedures		
IN OUT N.O. N.A.	Required records avail destruction	-				IN	OUT		N.A.	Compliance with a HACCP plan	pproved Specialized Process and		
	Protection	from Contaminatio	on			This I	etter to	o the I	left of	each item indicates	s that item's status at the time of	the	
🕠 OUT N.A.	Food separated and pr	otected				inspe	ction.		IN = in compliance OUT = not in compliance				
N.A.	Food-contact surfaces									not applicable	OUT = not in compliance N.O. = not observed		- 1
N.O.	Proper disposition of re reconditioned, and uns		served,					1000		orrected On Site	R = Repeat Item		
				Good	Reta	il Prac	tices					-	
	Good Retail Practices	are preventative m	easures to	control	the in	troducti	on of p	athoge	ens, ch	nemicals and physic	al objects into foods.		
IN OUT		and Water		COS	R	IN	OUT		New St	Proper	Use of Utensils	С	OS R
	ized eggs used where re	•				~				tensils: properly sto			
Vater a	nd ice from approved so					~					ens: properly stored, dried, handled	-	
		ature Control	22.23.5	1.10		V	_				ticles: properly stored, used		
	te equipment for temper					√		G	loves L	used properly			
	ed thawing methods use					-					uipment and Vending		2
Thermometers provided and accurate				_	~	_	de	esigned	d, constructed, and	the second se			
Food Identification				-	1		_		-	d, maintained, used; test strips used			
Food properly labled; original container				-	 ✓ 		N	ontood	-contact surfaces cl		-		
/ lasarta	Prevention of Food Contamination				-	-			at an d		sical Facilities		
	rodents, and animals no ination prevented during		and displa	av l	-	V		_			e; adequate pressure		_
	uter clothing, hair restra			-9	-	V				g installed; proper b			_
•	cloths: properly used an				-	×	-	_		and wastewater pro	structed, supplied, cleaned		
					+	1	-				posed; facilities maintained		
✓ Fruits a	nd vegetables washed b	efore use				~					maintained, and clean		
Person in Charge / Title:											Date:		
Inspector:	Cullman	DAVID GRELLNE	COLO IN TRANSPORT	hone No. 634-641				EPHS 503	No.		07/03/2020 Follow-up: YES	NC)

ESTAUSHMENT NAME 783 HAPPE DAY Shovis CITY/2/F CODE JEFFERSON CITY, NO 63191 Intervicuation Temp Intervicuation Temp Intervicuation Temp Intervicuation Temp Priority iters contribute directly to the alimitation, prevention on direction to an accupate livel, iteraria associated with toobcome lives or injury. Correctly Initial No Volations Observed Correctly Initial Correctly Initial Core tems relate logeneral sanitation, operation on core corrected by the next regular inspection or as stated. Core tems Initial Core tems relate logeneral sanitation, operational cortics, doi/lites or thoutways, equipment design, general mathemace or assistant depending operating (esser) Initial Core tems Plot of these served Core tems Core tems Initial Core tems Plot of tems relate logeneral sanitation, operational cortics, doi/lites or thoutways, equipment design, general mathemace or assistant dancard operating (esser) Initial Core tems Core tems relate logeneral sanitation, operational cortics, doi/lites or technology, frequence or assistant dancard operating (esser) Initial Core tems relate log operation according temp as to be corrected by the exerce or assistant dancard operating (esser) Initial P	CITY OF JEFFEI DIVISION OF EN	VIRONMENT			Time In 03:45 PM Page 2 of	Time Out 04:15				
PBJ IMPREE DAY SHOVS jot MAISON st jetPERESON CITY, MOL 65191 IMEASURED CORSERVATIONS Priority terms contribute directly to me elimetant, prevention or resolution to an account to an account to an account of an account account of an account of an account of an account account of an account										
Item/Location Temp Item/Location Temp Proofly lams contribute directly to the elimination, prevention or readcation to an acceptable level, hazards associated with floatborne liness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. Correctly (see) Initial No Violations Observed Correctly (see) Initial Correctly (see) Initial Core items relate to general samitation, constront or constront of seion, general maintenance or sanitation standard operation procedures (SSOPA). These items are to be corrected by the next regular inspection or as stated. Core etcms (das) Initial No Violations Observed Initial Core attrast relate to general samitation, constront of seion procedures (SSOPA). These items are to be corrected by the next regular inspection or as stated. Initial (das) No Violations Observed Initial EDUCATION PROVIDED OR COMMENTS Initial (das) PAJ Happee Days Shows Camival at the Salue to America Festion in Downtown Jefferson City. Menu items include: corn dogs, funnel cakes, cotton candy, find orces, french fires, naches, pocon, itemocode, and sode, and sode. There were three concession trailers located at the camival. All trailers were impected and passed impection for health regulations.										
corn dogstrue cooler 37 F Correctly Pricityl tens contribute directly to the elimination, prevention or reduction to an acoptable level, heards associated with footborne liness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. Correctly Initial No Violations Observed Initial Initial Initial Initial Core tems relate to general sanitation, operational correction, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPA). These items are to be corrected by the next regular inspection or as stated. Initial No Violations Observed Initial Initial No Violations Observed Initial Initial No Violations Observed Initial Initial PBJ Happee Days Shows Carnival at the Salukite to Arminice Fastival in Dovince Or COMMENTS PBUCATION PROVIDEO OR COMMENTS PBJ Happee Days Shows Carnival at the Salukite to Arminice Fastival in Dovince Or Common Tailers located at the carnival. All trailers were inspection for health regulations. Initial			MEASURED OBSERV	ATIONS						
PROMPTI TEMS Connecting Conne			Item/Location	Temp	Item/Location	Te	emp			
Priority fees contribute directly to the elimination, prevention or reduction to an acceptable level, hazarda associated with Cobonne lines or injury. Construction	corn dogs/true cooler	37 F				- mail ou day	_			
Core letters relate to general sanitation, operational controls, facilities or structure, cuplement design, general mainteance or sanitation standard operating (care) (care) Initial Core letters relate to general sanitation, operational controls, facilities or structure, cuplement design, general mainteance or sanitation standard operating (care) Initial No Violations Observed Initial Initial			ention or reduction to an acceptable level,				Initial			
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				(e.)						
				5						
1 Data.	Person in Charge / Title:			•	Date:					

					07/03/2020	
Inspector:	Dang Coulling	DAVID GRELLNER	Telephone No. (573) 634-6410	EPHS No. 503	Follow-up: YES Follow-up Date:	Ø NO