

**RECEIVED** JEFFERSON  
 DIVISION OF ENVIRONMENTAL HEALTH SERVICES  
 By City Clerk at 8:18 am, Jul 13, 2020

**APPROVED**  
 By BWW at 8:21 am, Jul 13, 2020

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

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|  |  |   |   |
|--|--|---|---|
| ESTABLISHMENT NAME:<br>READY POPPED  |  | OWNER:<br>LUKE READY  | PERSON IN CHARGE:<br>Luke Ready   |
| ADDRESS:<br>101 W HIGH ST  |  | COUNTY:<br>51   |   |
| CITY/ZIP CODE:<br>JEFFERSON CITY, MO 65101   | Phone:   | Fax:  | P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> TEMP. FOOD |  |   |   |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |  |   |   |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved<br>License No. _____  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE  | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> OUT           | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper cooking, time and temperature                        |     |   |
|   | <b>Employee Health</b>  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> OUT           | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> OUT           | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper hot holding temperatures                             |     |   |
|   | <b>Good Hygienic Practices</b>  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Time as a public health control (procedures / records)      |     |   |
|   | <b>Preventing Contamination by Hands</b>  |     |   |   | <b>Consumer Advisory</b>                                    |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |   | <b>Highly Susceptible Populations</b>                       |     |   |
| <input checked="" type="checkbox"/> OUT           | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Pasturized foods used, prohibited foods not offered         |     |   |
|   | <b>Approved Source</b>  |     |   |   | <b>Chemical</b>   |     |   |
| <input checked="" type="checkbox"/> OUT           | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> OUT N.O. N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> OUT   | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> OUT           | Food in good condition, safe and unadulterated  |     |   |   | <b>Conformance with Approved Procedures</b>                 |     |   |
| <input checked="" type="checkbox"/> OUT N.O. N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Compliance with approved Specialized Process and HACCP plan |     |   |
|   | <b>Protection from Contamination</b>  |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance<br>OUT = not in compliance<br>N.A. = not applicable<br>COS = Corrected On Site<br>N.O. = not observed<br>R = Repeat Item |   |     |   |
| <input checked="" type="checkbox"/> OUT N.A.      | Food separated and protected  |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.A.      | Food-contact surfaces cleaned & sanitized   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |   |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                  | OUT | Safe Food and Water   | COS | R | IN                                  | OUT | Proper Use of Utensils  | COS | R |
|-------------------------------------|-----|---|-----|---|-------------------------------------|-----|---|-----|---|
| <input checked="" type="checkbox"/> |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/> |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/> |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |     | <b>Food Temperature Control</b>                               |     |   | <input checked="" type="checkbox"/> |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/> |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> |     | Approved thawing methods used                                 |     |   |                                     |     | <b>Utensils, Equipment and Vending</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/> |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|                                     |     | <b>Food Identification</b>                                    |     |   | <input checked="" type="checkbox"/> |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/> |     | Nonfood-contact surfaces clean  |     |   |
|                                     |     | <b>Prevention of Food Contamination</b>                       |     |   |                                     |     | <b>Physical Facilities</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/> |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/> |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |     |   |     |   | <input checked="" type="checkbox"/> |     | Physical facilities installed, maintained, and clean                                  |     |   |

|                                   |                 |                                 |                 |  |  |
|-----------------------------------|-----------------|---------------------------------|-----------------|--|--|
| Person in Charge / Title:         |                 |                                 |                 | Date:<br>07/06/2020  |  |
| Inspector: <i>Katherine Oneal</i> | KATHERINE ONEAL | Telephone No.<br>(573) 634-6410 | EPHS No.<br>505 | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
|                                   |                 |                                 |                 | Follow-up Date:  |  |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>02:00 PM</b> |
| Page 2 of 2                |                             |

|  |                                  |  |
|--|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>READY POPPED</b> | ADDRESS:<br><b>101 W HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|--|----------------------------------|--|

**MEASURED OBSERVATIONS**

No Temperature Observations

| PRIORITY ITEMS  | Correct By<br>(date) | Initial |
|---|----------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury.<br>These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                      |         |

No Violations Observed

| CORE ITEMS   | Correct By<br>(date) | Initial |
|--|----------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

TEMPORARY FOOD EVENT  
 LOCATION: Salute to America  
 MENU: Kettle Corn  
 Hand washing operational on board  
 gloves and scoop available.

|  |                            |
|--|----------------------------|
| Person in Charge / Title:  | Date:<br><b>07/06/2020</b> |
| Inspector: <i>Katherine Oneal</i> KATHERINE ONEAL Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>505</b>     |
| Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO           |                            |
| Follow-up Date:  |                            |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

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

### Temporary Food Establishment Operating Permit

This Certifies

### Ready Popped

Salute to America Festival-Downtown Jefferson City

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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



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>02:00 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|  |                                   |   |                                      |   |
|--|-----------------------------------|---|--------------------------------------|---|
| ESTABLISHMENT NAME:<br><b>THE BIG CHEEZE</b>                           |                                   | OWNER:<br><b>ALMAVI LLC</b>   | PERSON IN CHARGE:                    |   |
| ADDRESS:<br><b>131 E HIGH ST X</b>                                     |                                   |   | COUNTY<br><b>51</b>                  |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>                       |                                   | Phone:<br><b>(573) 808-3696</b>   | Fax:                                 | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE   |                                   |   |                                      |   |
| <input type="checkbox"/> BAKERY  | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER  | <input type="checkbox"/> DELI        | <input type="checkbox"/> GROCERY STORE  |
| <input type="checkbox"/> RESTAURANT                                    | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER                                      | <input type="checkbox"/> SUMMER F.P. | <input type="checkbox"/> TAVERN   |
|  |                                   |   |                                      | <input type="checkbox"/> INSTITUTION  |
|  |                                   |   |                                      | <input checked="" type="checkbox"/> TEMP. FOOD  |
| PURPOSE  |                                   |   |                                      |   |
| <input type="checkbox"/> Pre-opening                                   |                                   | <input checked="" type="checkbox"/> Routine                                 |                                      | <input type="checkbox"/> Follow-up  |
|  |                                   |   |                                      | <input type="checkbox"/> Complaint  |
|  |                                   |   |                                      | <input type="checkbox"/> Other  |
| FROZEN DESSERT   |                                   | SEWAGE DISPOSAL   |                                      | WATER SUPPLY  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |                                   | <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |                                      | <input checked="" type="checkbox"/> COMMUNITY   |
| License No. _____  |                                   |   |                                      | <input type="checkbox"/> NON-COMMUNITY  |
|  |                                   |   |                                      | Date Sampled _____  |
|  |                                   |   |                                      | Results _____   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE  | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> OUT           | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>                            |   |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> OUT           | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> OUT           | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>                    |   |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>          |   |     |   | <b>Consumer Advisory</b>  |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT           | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Pasturized foods used, prohibited foods not offered         |     |   |
| <b>Approved Source</b>                            |   |     |   | <b>Chemical</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT           | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> OUT N.O. N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> OUT   | Toxic substances properly identified, stored and used       |     |   |
| <b>Protection from Contamination</b>              |   |     |   | <b>Conformance with Approved Procedures</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT           | Food in good condition, safe and unadulterated  |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Compliance with approved Specialized Process and HACCP plan |     |   |
| <input checked="" type="checkbox"/> OUT N.O. N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.<br><br>IN = in compliance                      OUT = not in compliance<br>N.A. = not applicable                      N.O. = not observed<br>COS = Corrected On Site                      R = Repeat Item |   |     |   |
| <input checked="" type="checkbox"/> OUT N.A.      | Food separated and protected  |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.A.      | Food-contact surfaces cleaned & sanitized   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |   |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                      | OUT | Safe Food and Water   | COS | R | IN                                     | OUT | Proper Use of Utensils  | COS | R |
|---|-----|---|-----|---|--|-----|---|-----|---|
| <input checked="" type="checkbox"/>     |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/>    |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/>     |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/>    |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
| <b>Food Temperature Control</b>         |     |   |     |   | <input checked="" type="checkbox"/>    |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/>     |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/>    |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/>     |     | Approved thawing methods used                                 |     |   | <b>Utensils, Equipment and Vending</b> |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/>    |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |     |   |     |   | <input checked="" type="checkbox"/>    |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/>     |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/>    |     | Nonfood-contact surfaces clean  |     |   |
| <b>Prevention of Food Contamination</b> |     |   |     |   | <b>Physical Facilities</b>             |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/>    |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/>    |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/>     |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/>    |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/>     |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/>    |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/>     |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/>    |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|   |     |   |     |   | <input checked="" type="checkbox"/>    |     | Physical facilities installed, maintained, and clean                                  |     |   |

|                                   |                 |  |                        |  |  |
|-----------------------------------|-----------------|--|------------------------|--|--|
| Person in Charge / Title:         |                 |  |                        | Date:<br><b>07/06/2020</b>   |  |
| Inspector: <i>Katherine Oneal</i> | KATHERINE ONEAL | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>505</b> | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
|                                   |                 |  |                        | Follow-up Date:  |  |





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>02:00 PM</b> |
| Page 2 of 2                |                             |

|  |                                    |  |
|--|------------------------------------|--|
| ESTABLISHMENT NAME:<br><b>THE BIG CHEEZE</b> | ADDRESS:<br><b>131 E HIGH ST X</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|--|------------------------------------|--|

| MEASURED OBSERVATIONS               |      |               |      |               |      |
|-------------------------------------|------|---------------|------|---------------|------|
| Item/Location                       | Temp | Item/Location | Temp | Item/Location | Temp |
| Mac & cheese, Sauce/Reach in Cooler | 42 F |               |      |               |      |

| PRIORITY ITEMS   |  | Correct By (date) | Initial |
|--|--|-------------------|---------|
| Priority Items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |  |                   |         |
| No Violations Observed   |  |                   |         |

| CORE ITEMS   |  | Correct By (date) | Initial |
|--|--|-------------------|---------|
| 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   |  |                   |         |

| EDUCATION PROVIDED OR COMMENTS  |
|---|
| <p>TEMPORARY FOOD EVENT<br/>           LOCATION: Salute to America Event<br/>           MENU: Grilled Cheese, Chips, Soda<br/>           Handwashing was available<br/>           Gloves were present</p> |

|  |   |
|--|---|
| Person in Charge / Title:  | Date:<br><b>07/06/2020</b>  |
| Inspector: <i>Katherine Oneal</i> KATHERINE ONEAL Telephone No. (573) 634-6410 | EPHS No. 505 Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Follow-up Date: |



# CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

320 East McCarty Street

Jefferson City, MO 65101

Phone: (573) 634-6410 Fax: (573) 634-6457

[www.jeffersoncitymo.gov](http://www.jeffersoncitymo.gov)

## Temporary Food Establishment Operating Permit

This Certifies

### The Big Cheeze

Salute to America Celebration

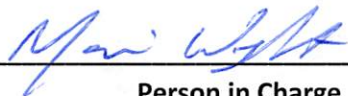
---

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.

Issued Date: July 3, 2020

Expiration Date: Midnight July 4, 2020



Person in Charge



Environmental Health Specialist



10/10/11

42 Center  
Mac  
Saver



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>02:00 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| ESTABLISHMENT NAME:<br><b>KONA ICE COMO MOBILE FOOD UNIT</b>  |                                   | OWNER:<br><b>CHRIS COOK (C &amp; C OZARK ENTERPRISE LLC)</b>  | PERSON IN CHARGE:   |
| ADDRESS:<br><b>101 W HIGH ST</b>  |                                   | COUNTY<br><b>51</b>   |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>  | Phone:<br><b>(573) 819-5432</b>   | Fax:  | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE  |                                   |   |   |
| <input type="checkbox"/> BAKERY   | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER  | <input type="checkbox"/> DELI   |
| <input type="checkbox"/> RESTAURANT   | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER  | <input type="checkbox"/> SUMMER F.P.  |
|   |                                   | <input type="checkbox"/> GROCERY STORE  | <input type="checkbox"/> INSTITUTION  |
|   |                                   | <input type="checkbox"/> TAVERN   | <input checked="" type="checkbox"/> TEMP. FOOD  |
| <input type="checkbox"/> MOBILE VENDORS   |                                   |   |   |
| PURPOSE   |                                   |   |   |
| <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |                                   |   |   |
| FROZEN DESSERT  |                                   | WATER SUPPLY  |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                   | <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE |   |
| License No. _____   |                                   | Date Sampled _____ Results _____  |   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE  | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> OUT           | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>                            |   |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> OUT           | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> OUT           | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>                    |   |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>          |   |     |   | <b>Consumer Advisory</b>  |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT           | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Pasturized foods used, prohibited foods not offered         |     |   |
| <b>Approved Source</b>                            |   |     |   | <b>Chemical</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT           | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> OUT N.O. N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> OUT   | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> OUT           | Food in good condition, safe and unadulterated  |     |   | <b>Conformance with Approved Procedures</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O. N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Compliance with approved Specialized Process and HACCP plan |     |   |
| <b>Protection from Contamination</b>              |   |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance                      OUT = not in compliance<br>N.A. = not applicable                      N.O. = not observed<br>COS = Corrected On Site                      R = Repeat Item |   |     |   |
| <input checked="" type="checkbox"/> OUT N.A.      | Food separated and protected  |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.A.      | Food-contact surfaces cleaned & sanitized   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |   |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                      | OUT | Safe Food and Water   | COS | R                                      | IN                                  | OUT | Proper Use of Utensils  | COS | R |
|---|-----|---|-----|--|-------------------------------------|-----|---|-----|---|
| <input checked="" type="checkbox"/>     |     | Pasteurized eggs used where required                          |     |  | <input checked="" type="checkbox"/> |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/>     |     | Water and ice from approved source                            |     |  | <input checked="" type="checkbox"/> |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
| <b>Food Temperature Control</b>         |     |   |     | <b>Utensils, Equipment and Vending</b> |                                     |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Adequate equipment for temperature control                    |     |  | <input checked="" type="checkbox"/> |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/>     |     | Approved thawing methods used                                 |     |  | <input checked="" type="checkbox"/> |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/>     |     | Thermometers provided and accurate                            |     |  | <input checked="" type="checkbox"/> |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |     |   |     | <b>Physical Facilities</b>             |                                     |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Food properly labeled; original container                     |     |  | <input checked="" type="checkbox"/> |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <b>Prevention of Food Contamination</b> |     |   |     | <b>Physical Facilities</b>             |                                     |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Insects, rodents, and animals not present                     |     |  | <input checked="" type="checkbox"/> |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     |     | Contamination prevented during food prep, storage and display |     |  | <input checked="" type="checkbox"/> |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/>     |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |  | <input checked="" type="checkbox"/> |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/>     |     | Wiping cloths: properly used and stored                       |     |  | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/>     |     | Fruits and vegetables washed before use                       |     |  | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|   |     |   |     |  | <input checked="" type="checkbox"/> |     | Physical facilities installed, maintained, and clean                                  |     |   |

|                                   |                 |  |                            |  |
|-----------------------------------|-----------------|--|----------------------------|--|
| Person in Charge / Title:         |                 |  | Date:<br><b>07/06/2020</b> |  |
| Inspector: <i>Katherine Oneal</i> | KATHERINE ONEAL | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>505</b>     | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                                   |                 |  |                            | Follow-up Date:  |





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>02:00 PM</b> |
| Page 2 of 2                |                             |

|   |                           |   |
|---|---------------------------|---|
| ESTABLISHMENT NAME:<br>KONA ICE COMO MOBILE FOOD UNIT | ADDRESS:<br>101 W HIGH ST | CITY/ZIP CODE<br>JEFFERSON CITY, MO 65101 |
|---|---------------------------|---|

**MEASURED OBSERVATIONS**

No Temperature Observations

| PRIORITY ITEMS  | Correct By<br>(date) | Initial |
|---|----------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury.<br>These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                      |         |

No Violations Observed

| CORE ITEMS   | Correct By<br>(date) | Initial |
|--|----------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

TEMPORARY FOOD EVENT  
 LOCATION: Salute to America  
 MENU: Shaved ice  
 Handwashing available on board  
 Topping station is sanitized frequently. If a customer was concerned about using the self service area there were toppings inside that could be added.

|                                   |                 |  |
|-----------------------------------|-----------------|--|
| Person in Charge / Title:         |                 | Date:  |
| Inspector: <i>Katherine Oneal</i> | KATHERINE ONEAL | <b>07/06/2020</b>  |
| Telephone No.<br>(573) 634-6410   | EPHS No.<br>505 | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                                   |                 | Follow-up Date:  |



# CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

320 East McCarty Street

Jefferson City, MO 65101

Phone: (573) 634-6410 Fax: (573) 634-6457

[www.jeffersoncitymo.gov](http://www.jeffersoncitymo.gov)

## Temporary Food Establishment Operating Permit

This Certifies

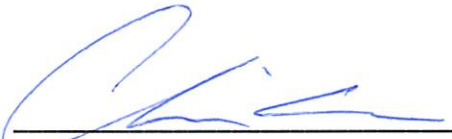
**Kona Ice CoMo**

Salute to America Festival-Downtown Jefferson City

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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.



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Person in Charge

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



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Environmental Health Specialist





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>02:00 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| ESTABLISHMENT NAME:<br><b>KENNY'S FLIPPIN BURGERS</b>   |                                   | OWNER:<br><b>CASEY STUART</b>   | PERSON IN CHARGE:   |
| ADDRESS:<br><b>101 W HIGH ST</b>  |                                   | COUNTY<br><b>51</b>   |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>  | Phone:<br><b>(573) 382-8887</b>   | Fax:  | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE  |                                   |   |   |
| <input type="checkbox"/> BAKERY   | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER  | <input type="checkbox"/> DELI   |
| <input type="checkbox"/> RESTAURANT   | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER  | <input type="checkbox"/> SUMMER F.P.  |
|   |                                   | <input type="checkbox"/> GROCERY STORE  | <input type="checkbox"/> INSTITUTION  |
|   |                                   | <input type="checkbox"/> TAVERN   | <input checked="" type="checkbox"/> TEMP. FOOD  |
| <input type="checkbox"/> MOBILE VENDORS   |                                   |   |   |
| PURPOSE   |                                   |   |   |
| <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |                                   |   |   |
| FROZEN DESSERT  |                                   | SEWAGE DISPOSAL   |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                   | <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE   |   |
| License No. _____   |                                   | WATER SUPPLY  |   |
|   |                                   | <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE |   |
|   |                                   | Date Sampled _____ Results _____  |   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE   | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|--|---|-----|---|
| <input checked="" type="checkbox"/> OUT           | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.  | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>                            |   |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.  | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> OUT           | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.  | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> OUT           | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.  | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>                    |   |     |   | <input checked="" type="checkbox"/> OUT N.A.   | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.  | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.  | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>          |   |     |   | <b>Consumer Advisory</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> OUT N.A.   | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>  |   |     |   |
| <input checked="" type="checkbox"/> OUT           | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.  | Pasturized foods used, prohibited foods not offered         |     |   |
| <b>Approved Source</b>                            |   |     |   | <b>Chemical</b>  |   |     |   |
| <input checked="" type="checkbox"/> OUT           | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> OUT N.A.   | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> OUT N.O. N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> OUT  | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> OUT           | Food in good condition, safe and unadulterated  |     |   | <b>Conformance with Approved Procedures</b>  |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O. N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> OUT N.A.   | Compliance with approved Specialized Process and HACCP plan |     |   |
| <b>Protection from Contamination</b>              |   |     |   | This letter to the left of each item indicates that item's status at the time of the inspection. |   |     |   |
| <input checked="" type="checkbox"/> OUT N.A.      | Food separated and protected  |     |   | IN = in compliance                      OUT = not in compliance                                  |   |     |   |
| <input checked="" type="checkbox"/> OUT N.A.      | Food-contact surfaces cleaned & sanitized   |     |   | N.A. = not applicable                      N.O. = not observed                                   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | COS = Corrected On Site                      R = Repeat Item                                     |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                      | OUT | Safe Food and Water   | COS | R | IN                                     | OUT | Proper Use of Utensils  | COS | R |
|---|-----|---|-----|---|--|-----|---|-----|---|
| <input checked="" type="checkbox"/>     |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/>    |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/>     |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/>    |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
| <b>Food Temperature Control</b>         |     |   |     |   | <input checked="" type="checkbox"/>    |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/>     |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/>    |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/>     |     | Approved thawing methods used                                 |     |   | <b>Utensils, Equipment and Vending</b> |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/>    |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |     |   |     |   | <input checked="" type="checkbox"/>    |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/>     |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/>    |     | Nonfood-contact surfaces clean  |     |   |
| <b>Prevention of Food Contamination</b> |     |   |     |   | <b>Physical Facilities</b>             |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/>    |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/>    |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/>     |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/>    |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/>     |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/>    |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/>     |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/>    |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|   |     |   |     |   | <input checked="" type="checkbox"/>    |     | Physical facilities installed, maintained, and clean                                  |     |   |

|                                   |                 |  |                            |  |
|-----------------------------------|-----------------|--|----------------------------|--|
| Person in Charge / Title:         |                 |  | Date:<br><b>07/06/2020</b> |  |
| Inspector: <i>Katherine Oneal</i> | KATHERINE ONEAL | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>505</b>     | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                                   |                 |  |                            | Follow-up Date:  |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>02:00 PM</b> |
| Page 2 of 2                |                             |

|   |                                  |  |
|---|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>KENNY'S FLIPPIN BURGERS</b> | ADDRESS:<br><b>101 W HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|---|----------------------------------|--|

**MEASURED OBSERVATIONS**

No Temperature Observations

| PRIORITY ITEMS  | Correct By<br>(date) | Initial |
|---|----------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury.<br>These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                      |         |

No Violations Observed

| CORE ITEMS   | Correct By<br>(date) | Initial |
|--|----------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

TEMPORARY FOOD EVENT  
 LOCATION: Salute to America  
 MENU: Hamburgers and fries  
 FOOD SOURCE: Casey stuart  
 Handwashing available on board

|                                   |                 |  |                        |
|-----------------------------------|-----------------|--|------------------------|
| Person in Charge / Title:         |                 | Date:<br><b>07/06/2020</b>   |                        |
| Inspector: <i>Katherine Oneal</i> | KATHERINE ONEAL | Telephone No.<br><b>(573) 634-6410</b>   | EPHS No.<br><b>505</b> |
|                                   |                 | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                        |
|                                   |                 | Follow-up Date:  |                        |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

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

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.



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Person in Charge

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



---

Environmental Health Specialist





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>02:00 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|  |  |  |   |
|--|--|--|---|
| ESTABLISHMENT NAME:<br><b>ICE CREAM FACTORY</b>  |  | OWNER:<br><b>SHANNON IMLER</b>   | PERSON IN CHARGE:   |
| ADDRESS:<br><b>131 W HIGH ST</b>   |  | COUNTY<br><b>51</b>  |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>   | Phone:   | Fax:   | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> TEMP. FOOD |  |  |   |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |  |  |   |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved<br>License No. _____  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY<br>Date Sampled _____ | <input type="checkbox"/> PRIVATE<br>Results _____   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE  | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper cooking, time and temperature                        |     |   |
|   | <b>Employee Health</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper hot holding temperatures                             |     |   |
|   | <b>Good Hygienic Practices</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Time as a public health control (procedures / records)      |     |   |
|   | <b>Preventing Contamination by Hands</b>  |     |   |   | <b>Consumer Advisory</b>                                    |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.   | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |   | <b>Highly Susceptible Populations</b>                       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Pasturized foods used, prohibited foods not offered         |     |   |
|   | <b>Approved Source</b>  |     |   |   | <b>Chemical</b>   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.   | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food in good condition, safe and unadulterated  |     |   |   | <b>Conformance with Approved Procedures</b>                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.   | Compliance with approved Specialized Process and HACCP plan |     |   |
|   | <b>Protection from Contamination</b>  |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.<br><br>IN = in compliance                      OUT = not in compliance<br>N.A. = not applicable                      N.O. = not observed<br>COS = Corrected On Site                      R = Repeat Item |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.                               | Food separated and protected  |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.                               | Food-contact surfaces cleaned & sanitized   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |   |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                  | OUT | Safe Food and Water   | COS | R | IN                                  | OUT | Proper Use of Utensils  | COS | R |
|-------------------------------------|-----|---|-----|---|-------------------------------------|-----|---|-----|---|
| <input checked="" type="checkbox"/> |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/> |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/> |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |     | <b>Food Temperature Control</b>                               |     |   | <input checked="" type="checkbox"/> |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/> |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> |     | Approved thawing methods used                                 |     |   |                                     |     | <b>Utensils, Equipment and Vending</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/> |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|                                     |     | <b>Food Identification</b>                                    |     |   | <input checked="" type="checkbox"/> |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/> |     | Nonfood-contact surfaces clean  |     |   |
|                                     |     | <b>Prevention of Food Contamination</b>                       |     |   |                                     |     | <b>Physical Facilities</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/> |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/> |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |     |   |     |   | <input checked="" type="checkbox"/> |     | Physical facilities installed, maintained, and clean                                  |     |   |

|  |  |                            |
|--|--|----------------------------|
| Person in Charge / Title:  |  | Date:<br><b>07/06/2020</b> |
| Inspector: <i>Katherine Oneal</i> KATHERINE ONEAL                              | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>505</b>     |
| Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | Follow-up Date:            |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>02:00 PM</b> |
| Page 2 of 2                |                             |

|   |                                  |  |
|---|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>ICE CREAM FACTORY</b> | ADDRESS:<br><b>131 W HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|---|----------------------------------|--|

**MEASURED OBSERVATIONS**

No Temperature Observations

| PRIORITY ITEMS  | Correct By<br>(date) | Initial |
|---|----------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury.<br>These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                      |         |

No Violations Observed

| CORE ITEMS   | Correct By<br>(date) | Initial |
|--|----------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

TEMPORARY FOOD EVENT  
 LOCATION: Salute to America  
 MENU: Ice Cream  
 FOOD SOURCE: Ice Cream Factory  
 Hand washing on board

|   |                            |
|---|----------------------------|
| Person in Charge / Title:   | Date:<br><b>07/06/2020</b> |
| Inspector: <i>Katherine Oneal</i> KATHERINE ONEAL      Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>505</b>     |
| Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                |                            |
| Follow-up Date:   |                            |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

320 East McCarty Street

Jefferson City, MO 65101

Phone: (573) 634-6410 Fax: (573) 634-6457

[www.jeffersoncitymo.gov](http://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.

Person in Charge

Issued Date: July 3, 2020

Expiration Date: Midnight July 4, 2020

Environmental Health Specialist





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>03:45 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|  |  |  |   |
|--|--|--|---|
| ESTABLISHMENT NAME:<br><b>KECK'S LONGHORN ROOT BEER-TEMPORARY FOOD</b>   |  | OWNER:<br><b>Pat Smith</b>   | PERSON IN CHARGE:<br><b>Pat Smith</b>   |
| ADDRESS:<br><b>101 W HIGH ST</b>   |  | COUNTY<br><b>51</b>  |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>   | Phone:<br><b>(816) 564-0708</b>  | Fax:   | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> TEMP. FOOD |  |  |   |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |  |  |   |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved<br>License No. _____  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY<br>Date Sampled _____ | <input type="checkbox"/> PRIVATE<br>Results _____   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE   | Demonstration of Knowledge  | COS | R | COMPLIANCE  | Time/Temperature for Safety Food                            | COS | R |
|--|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Proper cooking, time and temperature                        |     |   |
|  | <b>Employee Health</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Proper hot holding temperatures                             |     |   |
|  | <b>Good Hygienic Practices</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Time as a public health control (procedures / records)      |     |   |
|  | <b>Preventing Contamination by Hands</b>  |     |   |   | <b>Consumer Advisory</b>                                    |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |   | <b>Highly Susceptible Populations</b>                       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Pasturized foods used, prohibited foods not offered         |     |   |
|  | <b>Approved Source</b>  |     |   |   | <b>Chemical</b>   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.            | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food in good condition, safe and unadulterated  |     |   |   | <b>Conformance with Approved Procedures</b>                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.  | Compliance with approved Specialized Process and HACCP plan |     |   |
|  | <b>Protection from Contamination</b>  |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.<br><br>IN = in compliance                      OUT = not in compliance<br>N.A. = not applicable                      N.O. = not observed<br>COS = Corrected On Site                      R = Repeat Item |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.  | Food separated and protected  |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.  | Food-contact surfaces cleaned & sanitized   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |   |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                  | OUT | Safe Food and Water   | COS | R | IN                                  | OUT | Proper Use of Utensils  | COS | R |
|-------------------------------------|-----|---|-----|---|-------------------------------------|-----|---|-----|---|
| <input checked="" type="checkbox"/> |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/> |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/> |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |     | <b>Food Temperature Control</b>                               |     |   | <input checked="" type="checkbox"/> |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/> |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> |     | Approved thawing methods used                                 |     |   |                                     |     | <b>Utensils, Equipment and Vending</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/> |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|                                     |     | <b>Food Identification</b>                                    |     |   | <input checked="" type="checkbox"/> |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/> |     | Nonfood-contact surfaces clean  |     |   |
|                                     |     | <b>Prevention of Food Contamination</b>                       |     |   |                                     |     | <b>Physical Facilities</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/> |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/> |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |     |   |     |   | <input checked="" type="checkbox"/> |     | Physical facilities installed, maintained, and clean                                  |     |   |

|  |                        |  |
|--|------------------------|--|
| Person in Charge / Title:              |                        | Date:<br><b>07/03/2020</b>   |
| Inspector: <i>David Grellner</i>       | DAVID GRELLNER         | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>503</b> | Follow-up Date:  |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>03:45 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 2 of 2                |                             |

|  |                                  |  |
|--|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>KECK'S LONGHORN ROOT BEER-TEMPORARY FOOD</b> | ADDRESS:<br><b>101 W HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|--|----------------------------------|--|

**MEASURED OBSERVATIONS**

No Temperature Observations

| PRIORITY ITEMS  | Correct By<br>(date) | Initial |
|---|----------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury.<br>These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                      |         |

No Violations Observed

| CORE ITEMS   | Correct By<br>(date) | Initial |
|--|----------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

Keck's Root Beer Concession Trailer at Salute to America Celebration in Downtown Jefferson City. Menu items include Home Made Root Beer and Slim Jims Sticks. Passed inspection for health regulations.

|                                  |                |  |  |
|----------------------------------|----------------|--|--|
| Person in Charge / Title:        |                |  | Date:  |
| Inspector: <i>David Grellner</i> | DAVID GRELLNER | Telephone No.<br><b>(573) 634-6410</b> | <b>07/03/2020</b>  |
|                                  |                |  | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                                  |                |  | Follow-up Date:  |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

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

A handwritten signature in blue ink, appearing to read 'P. A. Smith', is written over a horizontal line.

Person in Charge

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

A handwritten signature in blue ink, appearing to read 'J. C. Cook', is written over a horizontal line.

Environmental Health Specialist





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>02:00 PM</b> | Time Out<br><b>02:30 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| ESTABLISHMENT NAME:<br><b>JAMAICAN JERK HUT</b>   |                                   | OWNER:<br><b>REX SCOTT</b>  | PERSON IN CHARGE:<br><b>RexRoy Scott</b>  |
| ADDRESS:<br><b>101 W HIGH ST</b>  |                                   | COUNTY<br><b>51</b>   |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>  | Phone:                            | Fax:  | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE  |                                   |   |   |
| <input type="checkbox"/> BAKERY   | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER  | <input type="checkbox"/> DELI   |
| <input type="checkbox"/> RESTAURANT   | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER  | <input type="checkbox"/> SUMMER F.P.  |
|   |                                   | <input type="checkbox"/> GROCERY STORE  | <input type="checkbox"/> INSTITUTION  |
|   |                                   | <input type="checkbox"/> TAVERN   | <input type="checkbox"/> TEMP. FOOD   |
| <input type="checkbox"/> MOBILE VENDORS   |                                   |   |   |
| PURPOSE   |                                   |   |   |
| <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |                                   |   |   |
| FROZEN DESSERT  |                                   | SEWAGE DISPOSAL   |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                   | <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE   |   |
| License No. _____   |                                   | WATER SUPPLY  |   |
|   |                                   | <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE |   |
|   |                                   | Date Sampled _____ Results _____  |   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE  | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>  |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>  |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.   | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | No discharge from eyes, nose and mouth  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.   | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>  |   |     |   | <b>Consumer Advisory</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Hands clean and properly washed   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A.   | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Adequate handwashing facilities supplied & accessible                                       |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.   | Pasturized foods used, prohibited foods not offered         |     |   |
| <b>Approved Source</b>  |   |     |   | <b>Chemical</b>   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food obtained from approved source  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A.   | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food in good condition, safe and unadulterated  |     |   | <b>Conformance with Approved Procedures</b>   |   |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A.   | Compliance with approved Specialized Process and HACCP plan |     |   |
| <b>Protection from Contamination</b>  |   |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.<br><br>IN = in compliance                      OUT = not in compliance<br>N.A. = not applicable                      N.O. = not observed<br>COS = Corrected On Site                      R = Repeat Item |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.                               | Food separated and protected  |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.                               | Food-contact surfaces cleaned & sanitized   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |   |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                      | OUT                      | Safe Food and Water   | COS | R | IN                                     | OUT                      | Proper Use of Utensils  | COS | R |
|---|--------------------------|---|-----|---|--|--------------------------|---|-----|---|
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
| <b>Food Temperature Control</b>         |                          |   |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Approved thawing methods used                                 |     |   | <b>Utensils, Equipment and Vending</b> |                          |   |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |                          |   |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Nonfood-contact surfaces clean  |     |   |
| <b>Prevention of Food Contamination</b> |                          |   |     |   | <b>Physical Facilities</b>             |                          |   |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/>     | <input type="checkbox"/> | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|   |                          |   |     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |   |

|  |                |  |                            |
|--|----------------|--|----------------------------|
| Person in Charge / Title:  |                |  | Date:<br><b>07/03/2020</b> |
| Inspector: <i>David Grellner</i>   | DAVID GRELLNER | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>503</b>     |
| Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                |  | Follow-up Date:            |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>02:00 PM</b> | Time Out<br><b>02:30 PM</b> |
| Page 2 of 2                |                             |

|   |                                  |  |
|---|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>JAMAICAN JERK HUT</b> | ADDRESS:<br><b>101 W HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|---|----------------------------------|--|

| MEASURED OBSERVATIONS    |       |                                 |       |                            |       |
|--------------------------|-------|---------------------------------|-------|----------------------------|-------|
| Item/Location            | Temp  | Item/Location                   | Temp  | Item/Location              | Temp  |
| chicken/hot holding unit | 168 F | rice and beans/hot holding unit | 175 F | meat pies/hot holding unit | 159 F |

| PRIORITY ITEMS   |  |  | Correct By (date) | Initial |
|--|--|--|-------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |  |  |                   |         |

No Violations Observed

| CORE ITEMS   |  |  | Correct By (date) | Initial |
|--|--|--|-------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

Jamaican Jerk Hut Mobile Concession Unit at Salute To America Festival in Downtown Jefferson City. Menu items include jerk chicken, chicken wings, pork steak, rice and beans, meat pies, potato salad, and beverages. Served out of concession trailer and pop up tent. Passed inspection for health regulations.

|                                     |                |  |  |
|-------------------------------------|----------------|--|--|
| Person in Charge / Title:           |                |  | Date:<br><b>07/03/2020</b>   |
| Inspector:<br><i>David Grellner</i> | DAVID GRELLNER | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>503</b>   |
|                                     |                |  | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                                     |                |  | Follow-up Date:  |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

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

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

\_\_\_\_\_  
Person in Charge

  
Environmental Health Specialist





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>02:00 PM</b> | Time Out<br><b>02:15 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|   |                                   |   |   |   |
|---|-----------------------------------|---|---|---|
| ESTABLISHMENT NAME:<br><b>OMA MERLE'S LLC</b>   |                                   | OWNER:<br><b>OMA MERLES'</b>  | PERSON IN CHARGE:<br><b>Sandy Merle</b> |   |
| ADDRESS:<br><b>101 W HIGH ST</b>  |                                   |   | COUNTY<br><b>51</b>                     |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>  |                                   | Phone:<br><b>(417) 288-1558</b>   | Fax:                                    | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L             |
| ESTABLISHMENT TYPE  |                                   |   |   |   |
| <input type="checkbox"/> BAKERY   | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER  | <input type="checkbox"/> DELI           | <input type="checkbox"/> GROCERY STORE  |
| <input type="checkbox"/> RESTAURANT   | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER                                      | <input type="checkbox"/> SUMMER F.P.    | <input type="checkbox"/> TAVERN   |
|   |                                   |   |   | <input type="checkbox"/> INSTITUTION  |
|   |                                   |   |   | <input checked="" type="checkbox"/> TEMP. FOOD  |
|   |                                   |   |   | <input type="checkbox"/> MOBILE VENDORS   |
| PURPOSE   |                                   |   |   |   |
| <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |                                   |   |   |   |
| FROZEN DESSERT  |                                   | SEWAGE DISPOSAL   |   | WATER SUPPLY  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                   | <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |   | <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE |
| License No. _____   |                                   | Date Sampled _____  |   | Results _____   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE   | Demonstration of Knowledge  | COS | R | COMPLIANCE   | Time/Temperature for Safety Food                            | COS | R |
|--|---|-----|---|--|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                          | Proper cooking, time and temperature                        |     |   |
|  | <b>Employee Health</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                          | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                          | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                          | Proper hot holding temperatures                             |     |   |
|  | <b>Good Hygienic Practices</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.A.                               | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O.                               | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                          | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O.                               | No discharge from eyes, nose and mouth  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N.O. <input checked="" type="checkbox"/> N.A. | Time as a public health control (procedures / records)      |     |   |
|  | <b>Preventing Contamination by Hands</b>  |     |   |  | <b>Consumer Advisory</b>                                    |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O.                               | Hands clean and properly washed   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A.      | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O.                               | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |  | <b>Highly Susceptible Populations</b>                       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Adequate handwashing facilities supplied & accessible                                       |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N.O. <input checked="" type="checkbox"/> N.A. | Pasturized foods used, prohibited foods not offered         |     |   |
|  | <b>Approved Source</b>  |     |   |  | <b>Chemical</b>   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Food obtained from approved source  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A.      | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                          | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Food in good condition, safe and unadulterated  |     |   |  | <b>Conformance with Approved Procedures</b>                 |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A.      | Compliance with approved Specialized Process and HACCP plan |     |   |
|  | <b>Protection from Contamination</b>  |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.       |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.A.                               | Food separated and protected  |     |   | IN = in compliance                      OUT = not in compliance  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.A.                               | Food-contact surfaces cleaned & sanitized   |     |   | N.A. = not applicable                      N.O. = not observed   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O.                               | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | COS = Corrected On Site                      R = Repeat Item   |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                  | OUT | Safe Food and Water   | COS | R | IN                                  | OUT | Proper Use of Utensils  | COS | R |
|-------------------------------------|-----|---|-----|---|-------------------------------------|-----|---|-----|---|
| <input checked="" type="checkbox"/> |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/> |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/> |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |     | <b>Food Temperature Control</b>                               |     |   | <input checked="" type="checkbox"/> |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/> |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> |     | Approved thawing methods used                                 |     |   |                                     |     | <b>Utensils, Equipment and Vending</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/> |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|                                     |     | <b>Food Identification</b>                                    |     |   | <input checked="" type="checkbox"/> |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/> |     | Nonfood-contact surfaces clean  |     |   |
|                                     |     | <b>Prevention of Food Contamination</b>                       |     |   |                                     |     | <b>Physical Facilities</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/> |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/> |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |     |   |     |   | <input checked="" type="checkbox"/> |     | Physical facilities installed, maintained, and clean                                  |     |   |

|                                     |                |  |                            |  |
|-------------------------------------|----------------|--|----------------------------|--|
| Person in Charge / Title:           |                |  | Date:<br><b>07/03/2020</b> |  |
| Inspector:<br><i>David Grellner</i> | DAVID GRELLNER | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>503</b>     | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                                     |                |  |                            | Follow-up Date:  |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>02:00 PM</b> | Time Out<br><b>02:15 PM</b> |
| Page 2 of 2                |                             |

|   |                                  |  |
|---|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>OMA MERLE'S LLC</b> | ADDRESS:<br><b>101 W HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|---|----------------------------------|--|

**MEASURED OBSERVATIONS**

No Temperature Observations

| PRIORITY ITEMS  | Correct By<br>(date) | Initial |
|---|----------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury.<br>These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                      |         |

No Violations Observed

| CORE ITEMS   | Correct By<br>(date) | Initial |
|--|----------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

Oma Merles' food concession trailer at Salute to America Festival in Downtown Jefferson City. Menu items included: yogurt ice cream, brownie, cheese cake, frozen bananas, cookies, bratwurst, knockwurst, schnitzel, currywurst, chips, etc. Passed inspection for health regulations.

|                                  |                |  |                        |
|----------------------------------|----------------|--|------------------------|
| Person in Charge / Title:        |                | Date:<br><b>07/03/2020</b>   |                        |
| Inspector: <i>David Grellner</i> | DAVID GRELLNER | Telephone No.<br><b>(573) 634-6410</b>   | EPHS No.<br><b>503</b> |
|                                  |                | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                        |
|                                  |                | Follow-up Date:  |                        |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

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

### Temporary Food Establishment Operating Permit

This Certifies

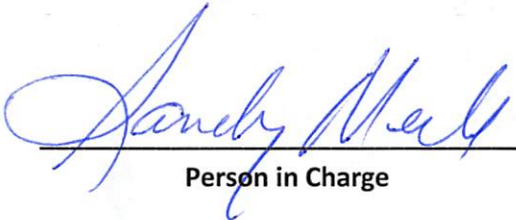
**Oma Merles'**

Salute To America Festival-Downtown Jefferson City

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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





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|  |  |  |   |
|--|--|--|---|
| ESTABLISHMENT NAME:<br><b>CONCESSIONS 39/GATOR WAGON</b>   |  | OWNER:<br><b>BURFORD LARUE</b>   | PERSON IN CHARGE:<br><b>Burford</b>               |
| ADDRESS:<br><b>101 W HIGH ST</b>   |  | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>   | Phone:<br><b>(573) 220-1555</b>                   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>   |  | Phone:<br><b>(573) 220-1555</b>  | Fax:  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> TEMP. FOOD |  | COUNTY<br><b>51</b>  |   |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |  | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L                  |   |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved<br>License No. _____  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY<br>Date Sampled _____ | <input type="checkbox"/> PRIVATE<br>Results _____ |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE  | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Proper cooking, time and temperature                        |     |   |
|   | <b>Employee Health</b>  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Proper use of reporting, restriction and exclusion  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Proper hot holding temperatures                             |     |   |
|   | <b>Good Hygienic Practices</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | No discharge from eyes, nose and mouth  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Time as a public health control (procedures / records)      |     |   |
|   | <b>Preventing Contamination by Hands</b>  |     |   |   | <b>Consumer Advisory</b>                                    |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Hands clean and properly washed   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A.                               | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |   | <b>Highly Susceptible Populations</b>                       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Adequate handwashing facilities supplied & accessible                                       |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Pasturized foods used, prohibited foods not offered         |     |   |
|   | <b>Approved Source</b>  |     |   |   | <b>Chemical</b>   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food additives: approved and properly used                  |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food in good condition, safe and unadulterated  |     |   |   | <b>Conformance with Approved Procedures</b>                 |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A.                               | Compliance with approved Specialized Process and HACCP plan |     |   |
|   | <b>Protection from Contamination</b>  |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.                                |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.                               | Food separated and protected  |     |   | IN = in compliance                      OUT = not in compliance   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.                               | Food-contact surfaces cleaned & sanitized   |     |   | N.A. = not applicable                      N.O. = not observed  |   |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O.                               | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | COS = Corrected On Site                      R = Repeat Item  |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                  | OUT | Safe Food and Water   | COS | R | IN                                  | OUT | Proper Use of Utensils  | COS | R |
|-------------------------------------|-----|---|-----|---|-------------------------------------|-----|---|-----|---|
| <input checked="" type="checkbox"/> |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/> |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/> |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |     | <b>Food Temperature Control</b>                               |     |   | <input checked="" type="checkbox"/> |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/> |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> |     | Approved thawing methods used                                 |     |   |                                     |     | <b>Utensils, Equipment and Vending</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/> |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|                                     |     | <b>Food Identification</b>                                    |     |   | <input checked="" type="checkbox"/> |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/> |     | Nonfood-contact surfaces clean  |     |   |
|                                     |     | <b>Prevention of Food Contamination</b>                       |     |   |                                     |     | <b>Physical Facilities</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/> |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/> |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |     |   |     |   | <input checked="" type="checkbox"/> |     | Physical facilities installed, maintained, and clean                                  |     |   |

|   |  |
|---|--|
| Person in Charge / Title:<br><b>Burford LaRue</b><br>Owner                    | Date:<br><b>07/03/2020</b>   |
| Inspector: <i>Loran Prenger</i> LORAN PRENGER    Telephone No. (573) 634-6410 | EPHS No. 502    Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|   | Follow-up Date:  |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 2 of 2                |                             |

|  |                                  |  |
|--|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>CONCESSIONS 39/GATOR WAGON</b> | ADDRESS:<br><b>101 W HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|--|----------------------------------|--|

| MEASURED OBSERVATIONS |      |               |      |               |      |
|-----------------------|------|---------------|------|---------------|------|
| Item/Location         | Temp | Item/Location | Temp | Item/Location | Temp |
| gator/RIC             | 39 F | slaw/RIC      | 42 F | fish/RI Fr    | 15 F |
| fish/RI Fr            | 12 F |               |      |               |      |

| PRIORITY ITEMS   |  | Correct By (date) | Initial |
|--|--|-------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |  |                   |         |
| No Violations Observed   |  |                   |         |

| CORE ITEMS   |  | Correct By (date) | Initial |
|--|--|-------------------|---------|
| 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   |  |                   |         |

**EDUCATION PROVIDED OR COMMENTS**

Mobile food unit set up for Salute to America celebration in Downtown Jefferson City. Menu consisted of alligator, fish, hushpuppies, ribbon fries, tacos (fish or gator), cole slaw, hot dogs (fried), chicken strips, and drinks. Trailer passed health inspection.

|                                 |  |  |
|---------------------------------|--|--|
| Person in Charge / Title:       | <b>Burford LaRue</b><br>Owner                        | Date:<br><b>07/03/2020</b>   |
| Inspector: <i>Loran Prenger</i> | LORAN PRENGER Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>502</b>   |
|                                 |  | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                                 |  | Follow-up Date:  |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

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

  
Environmental Health Specialist





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| ESTABLISHMENT NAME:<br><b>KINDLE CONCESSIONS</b>  |                                   | OWNER:<br><b>LISA TATUM</b>  | PERSON IN CHARGE:<br><b>Lisa</b>  |
| ADDRESS:<br><b>101 W HIGH ST</b>  |                                   | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>                                     | COUNTY<br><b>51</b>   |
| Phone:<br><b>(660) 221-5630</b>   |                                   | Fax:   | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE  |                                   |  |   |
| <input type="checkbox"/> BAKERY   | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER   | <input type="checkbox"/> DELI   |
| <input type="checkbox"/> RESTAURANT   | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER   | <input type="checkbox"/> SUMMER F.P.  |
|   |                                   | <input type="checkbox"/> GROCERY STORE   | <input type="checkbox"/> INSTITUTION  |
|   |                                   | <input type="checkbox"/> TAVERN  | <input type="checkbox"/> TEMP. FOOD   |
| <input type="checkbox"/> MOBILE VENDORS   |                                   |  |   |
| PURPOSE   |                                   |  |   |
| <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |                                   |  |   |
| FROZEN DESSERT  |                                   | WATER SUPPLY   |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                   | <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY |   |
| License No. _____   |                                   | Date Sampled _____   |   |
| <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE  |                                   | <input type="checkbox"/> PRIVATE Results _____                                       |   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE   | Demonstration of Knowledge  | COS | R | COMPLIANCE   | Time/Temperature for Safety Food                            | COS | R |
|--|---|-----|---|--|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A.                               | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>   |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A.                               | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A.                               | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A.                               | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>   |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.  | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.  | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A.                               | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>   |   |     |   | <b>Consumer Advisory</b>   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A. <input type="checkbox"/> N.A.                               | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. <input type="checkbox"/> N.A. | Pasturized foods used, prohibited foods not offered         |     |   |
| <b>Approved Source</b>   |   |     |   | <b>Chemical</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A.  | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food in good condition, safe and unadulterated  |     |   | <b>Conformance with Approved Procedures</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A. <input type="checkbox"/> N.A.                               | Compliance with approved Specialized Process and HACCP plan |     |   |
| <b>Protection from Contamination</b>   |   |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.  | Food separated and protected  |     |   | IN = in compliance   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.A.  | Food-contact surfaces cleaned & sanitized   |     |   | OUT = not in compliance  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O.                               | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | N.A. = not applicable  |   |     |   |
|  |   |     |   | COS = Corrected On Site  |   |     |   |
|  |   |     |   | R = Repeat Item  |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                      | OUT | Safe Food and Water   | COS | R                                   | IN                                     | OUT | Proper Use of Utensils  | COS | R |
|---|-----|---|-----|-------------------------------------|--|-----|---|-----|---|
| <input checked="" type="checkbox"/>     |     | Pasteurized eggs used where required                          |     |                                     | <input checked="" type="checkbox"/>    |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/>     |     | Water and ice from approved source                            |     |                                     | <input checked="" type="checkbox"/>    |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
| <b>Food Temperature Control</b>         |     |   |     | <input checked="" type="checkbox"/> |  |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/>     |     | Adequate equipment for temperature control                    |     |                                     | <input checked="" type="checkbox"/>    |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/>     |     | Approved thawing methods used                                 |     |                                     | <b>Utensils, Equipment and Vending</b> |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Thermometers provided and accurate                            |     |                                     | <input checked="" type="checkbox"/>    |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |     |   |     | <input checked="" type="checkbox"/> |  |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/>     |     | Food properly labeled; original container                     |     |                                     | <input checked="" type="checkbox"/>    |     | Nonfood-contact surfaces clean  |     |   |
| <b>Prevention of Food Contamination</b> |     |   |     | <b>Physical Facilities</b>          |  |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Insects, rodents, and animals not present                     |     |                                     | <input checked="" type="checkbox"/>    |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     |     | Contamination prevented during food prep, storage and display |     |                                     | <input checked="" type="checkbox"/>    |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/>     |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |                                     | <input checked="" type="checkbox"/>    |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/>     |     | Wiping cloths: properly used and stored                       |     |                                     | <input checked="" type="checkbox"/>    |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/>     |     | Fruits and vegetables washed before use                       |     |                                     | <input checked="" type="checkbox"/>    |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|   |     |   |     |                                     | <input checked="" type="checkbox"/>    |     | Physical facilities installed, maintained, and clean                                  |     |   |

|                           |                      |                |                       |  |
|---------------------------|----------------------|----------------|-----------------------|--|
| Person in Charge / Title: | <b>LISA TATUM</b>    |                | Date:                 | <b>07/03/2020</b>  |
| Inspector:                | <b>LORAN PRENGER</b> | Telephone No.: | <b>(573) 634-6410</b> | EPHS No.:  |
|                           |                      |                | <b>502</b>            | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                           |                      |                |                       | Follow-up Date:  |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 2 of 2                |                             |

|  |                                  |  |
|--|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>KINDLE CONCESSIONS</b> | ADDRESS:<br><b>101 W HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|--|----------------------------------|--|

| MEASURED OBSERVATIONS |      |               |      |               |      |
|-----------------------|------|---------------|------|---------------|------|
| Item/Location         | Temp | Item/Location | Temp | Item/Location | Temp |
| hot dogs/RIC          | 40 F | burgers/RIC   | 39 F |               |      |

| PRIORITY ITEMS   |  |  |  | Correct By (date) | Initial |
|--|--|--|--|-------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |  |  |  |                   |         |
| No Violations Observed   |  |  |  |                   |         |

| CORE ITEMS   |  |  |  | Correct By (date) | Initial |
|--|--|--|--|-------------------|---------|
| 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   |  |  |  |                   |         |

| EDUCATION PROVIDED OR COMMENTS  |  |  |  |  |  |
|---|--|--|--|--|--|
| Temporary food unit set up for Salute to America celebration in Downtown Jefferson City. Menu consisted of corn dogs [site breaded], funnel cakes, burgers, ribbon fries, and fresh squeezed lemonade. Tent [temporary] food unit passed health inspection with handwashing station and three tubs for dishwashing. |  |  |  |  |  |

|                           |                      |               |  |                        |  |
|---------------------------|----------------------|---------------|--|------------------------|--|
| Person in Charge / Title: |                      |               | <b>LISA TATUM</b><br>PIC               |                        | Date:<br><b>07/03/2020</b>   |
| Inspector:                | <i>Loran Prenger</i> | LORAN PRENGER | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>502</b> | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                           |                      |               |  |                        | Follow-up Date:  |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

320 East McCarty Street

Jefferson City, MO 65101

Phone: (573) 634-6410 Fax: (573) 634-6457

[www.jeffersoncitymo.gov](http://www.jeffersoncitymo.gov)

### Temporary Food Establishment Operating Permit

This Certifies


### Kindle Concessions

Salute to America Festival-Downtown Jefferson City

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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





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| ESTABLISHMENT NAME:<br><b>MID-AMERICA HEALTH SOURCE, INC-COPPER NUT KETTLE</b> |                                   | OWNER:<br><b>SCOTT SHEPHERD</b>   | PERSON IN CHARGE:<br><b>Scott</b>   |
| ADDRESS:<br><b>101 W HIGH ST</b>   |                                   | COUNTY<br><b>51</b>   |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>                               | Phone:<br><b>(573) 230-5012</b>   | Fax:  | P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L |
| ESTABLISHMENT TYPE   |                                   |   |   |
| <input type="checkbox"/> BAKERY  | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER  | <input type="checkbox"/> DELI   |
| <input type="checkbox"/> RESTAURANT  | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER  | <input type="checkbox"/> SUMMER F.P.  |
|  |                                   | <input type="checkbox"/> GROCERY STORE  | <input type="checkbox"/> INSTITUTION  |
|  |                                   | <input type="checkbox"/> TAVERN   | <input checked="" type="checkbox"/> TEMP. FOOD  |
| PURPOSE  |                                   |   |   |
| <input type="checkbox"/> Pre-opening   |                                   | <input checked="" type="checkbox"/> Routine   | <input type="checkbox"/> Follow-up  |
|  |                                   | <input type="checkbox"/> Complaint  | <input type="checkbox"/> Other  |
| FROZEN DESSERT   |                                   | WATER SUPPLY  |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved         |                                   | <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE |   |
| License No. _____  |                                   | Date Sampled _____ Results _____  |   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE  | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> OUT           | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>                            |   |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> OUT           | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> OUT           | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>                    |   |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>          |   |     |   | <b>Consumer Advisory</b>  |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT           | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> OUT N.O. N.A.   | Pasturized foods used, prohibited foods not offered         |     |   |
| <b>Approved Source</b>                            |   |     |   | <b>Chemical</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT           | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> OUT N.O. N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> OUT   | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> OUT           | Food in good condition, safe and unadulterated  |     |   | <b>Conformance with Approved Procedures</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O. N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> OUT N.A.  | Compliance with approved Specialized Process and HACCP plan |     |   |
| <b>Protection from Contamination</b>              |   |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance                      OUT = not in compliance<br>N.A. = not applicable                      N.O. = not observed<br>COS = Corrected On Site                      R = Repeat Item |   |     |   |
| <input checked="" type="checkbox"/> OUT N.A.      | Food separated and protected  |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.A.      | Food-contact surfaces cleaned & sanitized   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N.O.      | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |   |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                      | OUT | Safe Food and Water   | COS | R | IN                                     | OUT | Proper Use of Utensils  | COS | R |
|---|-----|---|-----|---|--|-----|---|-----|---|
| <input checked="" type="checkbox"/>     |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/>    |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/>     |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/>    |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
| <b>Food Temperature Control</b>         |     |   |     |   | <input checked="" type="checkbox"/>    |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/>     |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/>    |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/>     |     | Approved thawing methods used                                 |     |   | <b>Utensils, Equipment and Vending</b> |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/>    |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |     |   |     |   | <input checked="" type="checkbox"/>    |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/>     |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/>    |     | Nonfood-contact surfaces clean  |     |   |
| <b>Prevention of Food Contamination</b> |     |   |     |   | <b>Physical Facilities</b>             |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/>    |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/>    |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/>     |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/>    |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/>     |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/>    |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/>     |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/>    |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|   |     |   |     |   | <input checked="" type="checkbox"/>    |     | Physical facilities installed, maintained, and clean                                  |     |   |

|                                 |  |                       |                                     |                     |  |
|---------------------------------|--|-----------------------|-------------------------------------|---------------------|--|
| Person in Charge / Title:       |  | <b>SCOTT SHEPHERD</b> |                                     | Date:               | <b>07/03/2020</b>  |
| Inspector: <i>Loran Prenger</i> |  | ORAN PRENGER          | Telephone No. <b>(573) 634-6410</b> | EPHS No. <b>502</b> | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                                 |  |                       |                                     |                     | Follow-up Date:  |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 2 of 2                |                             |

|   |                           |   |
|---|---------------------------|---|
| ESTABLISHMENT NAME:<br>MID-AMERICA HEALTH SOURCE, INC-COPPER NUT KETTLE | ADDRESS:<br>101 W HIGH ST | CITY/ZIP CODE<br>JEFFERSON CITY, MO 65101 |
|---|---------------------------|---|

**MEASURED OBSERVATIONS**

No Temperature Observations

| PRIORITY ITEMS  | Correct By<br>(date) | Initial |
|---|----------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury.<br>These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                      |         |

No Violations Observed

| CORE ITEMS   | Correct By<br>(date) | Initial |
|--|----------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

Temporary food unit set up for Salute to America celebration in Downtown Jefferson City. Menu consisted of cinnamon roasted nuts, chocolate roasted nuts, and various drinks [cans and bottles only]. Tent [temporary] food unit passed health inspection with handwashing station and three tubs for dishwashing. No TCS foods present.

|                                 |   |   |
|---------------------------------|---|---|
| Person in Charge / Title:       | <b>SCOTT SHEPHERD</b><br>OWNER                          | Date:<br><b>07/03/2020</b>  |
| Inspector: <i>Loran Prenger</i> | LORAN PRENGER<br>Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>502</b>  |
|                                 |   | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Follow-up Date: |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

320 East McCarty Street

Jefferson City, MO 65101

Phone: (573) 634-6410 Fax: (573) 634-6457

[www.jeffersoncitymo.gov](http://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

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





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|  |  |   |                                    |
|--|--|---|------------------------------------|
| ESTABLISHMENT NAME:<br><b>SMOKIN PIG-TEMPORARY FOOD</b>  |  | OWNER:<br><b>JOHNNY PORTER</b>  | PERSON IN CHARGE:<br><b>Johnny</b> |
| ADDRESS:<br><b>101 W HIGH ST</b>   |  | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>  | Phone:<br><b>(870) 634-6661</b>    |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> TEMP. FOOD |  | COUNTY<br><b>51</b>   |                                    |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |  | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L   |                                    |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved<br>License No. _____  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |                                    |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE  | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                       | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.O.    N.A.                       | Proper cooking, time and temperature                        |     |   |
|   | <b>Employee Health</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.O.    N.A.                       | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                       | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.O.    N.A.                       | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                       | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.O.    N.A.                       | Proper hot holding temperatures                             |     |   |
|   | <b>Good Hygienic Practices</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.A.                               | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.O.                               | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.O.    N.A.                       | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.O.                               | No discharge from eyes, nose and mouth  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O.    N.A. | Time as a public health control (procedures / records)      |     |   |
|   | <b>Preventing Contamination by Hands</b>  |     |   |   | <b>Consumer Advisory</b>                                    |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.O.                               | Hands clean and properly washed   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A.         | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.O.                               | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |   | <b>Highly Susceptible Populations</b>                       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                       | Adequate handwashing facilities supplied & accessible                                       |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT    N.O. <input checked="" type="checkbox"/> N.A. | Pasturized foods used, prohibited foods not offered         |     |   |
|   | <b>Approved Source</b>  |     |   |   | <b>Chemical</b>   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                       | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.A.                               | Food additives: approved and properly used                  |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O.    N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                       | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                       | Food in good condition, safe and unadulterated  |     |   |   | <b>Conformance with Approved Procedures</b>                 |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT    N.O. <input checked="" type="checkbox"/> N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.A.         | Compliance with approved Specialized Process and HACCP plan |     |   |
|   | <b>Protection from Contamination</b>  |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.          |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.A.                               | Food separated and protected  |     |   | IN = in compliance                      OUT = not in compliance   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT    N.A.                               | Food-contact surfaces cleaned & sanitized   |     |   | N.A. = not applicable                      N.O. = not observed  |   |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O.         | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | COS = Corrected On Site                      R = Repeat Item  |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                  | OUT | Safe Food and Water   | COS | R | IN                                  | OUT | Proper Use of Utensils  | COS | R |
|-------------------------------------|-----|---|-----|---|-------------------------------------|-----|---|-----|---|
| <input checked="" type="checkbox"/> |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/> |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/> |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |     | <b>Food Temperature Control</b>                               |     |   | <input checked="" type="checkbox"/> |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/> |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> |     | Approved thawing methods used                                 |     |   |                                     |     | <b>Utensils, Equipment and Vending</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/> |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|                                     |     | <b>Food Identification</b>                                    |     |   | <input checked="" type="checkbox"/> |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/> |     | Nonfood-contact surfaces clean  |     |   |
|                                     |     | <b>Prevention of Food Contamination</b>                       |     |   |                                     |     | <b>Physical Facilities</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/> |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/> |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |     |   |     |   | <input checked="" type="checkbox"/> |     | Physical facilities installed, maintained, and clean                                  |     |   |

|  |  |
|--|--|
| Person in Charge / Title:<br><b>JOHNNY PORTER</b><br>OWNER                           | Date:<br><b>07/03/2020</b>   |
| Inspector: <i>Loran Prenger</i> LORAN PRENGER    Telephone No. <b>(573) 634-6410</b> | EPHS No. <b>502</b> Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|  | Follow-up Date:  |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 2 of 2                |                             |

|   |                                  |  |
|---|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>SMOKIN PIG-TEMPORARY FOOD</b> | ADDRESS:<br><b>101 W HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|---|----------------------------------|--|

| MEASURED OBSERVATIONS |       |                     |       |                 |       |
|-----------------------|-------|---------------------|-------|-----------------|-------|
| Item/Location         | Temp  | Item/Location       | Temp  | Item/Location   | Temp  |
| pulled pork/Roaster   | 152 F | baked beans/Roaster | 190 F | turkey legs/HHC | 190 F |
| ribs/HHC              | 185 F | cole slaw/True RIC  | 38 F  |                 |       |

| PRIORITY ITEMS   | Correct By (date) | Initial |
|--|-------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                   |         |
| No Violations Observed   |                   |         |

| CORE ITEMS   | Correct By (date) | Initial |
|--|-------------------|---------|
| 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   |                   |         |

**EDUCATION PROVIDED OR COMMENTS**

Mobile FOOD concession trailer set up for Salute to America in Downtown Jefferson City. Menu consisted of pulled pork, ribs, turkey legs, BBQ nachos, drinks, baked beans, and cole slaw. Food trailer passed health inspection.

|                                 |                               |   |  |
|---------------------------------|-------------------------------|---|--|
| Person in Charge / Title:       | <b>JOHNNY PORTER</b><br>OWNER | Date:                                   | <b>07/03/2020</b>                      |
| Inspector: <i>Loran Prenger</i> | LORAN PRENGER                 | Telephone No.<br><b>(573) 634-6410</b>  | EPHS No.<br><b>502</b>                 |
|                                 |                               | Follow-up: <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
|                                 |                               | Follow-up Date:                         |  |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

320 East McCarty Street

Jefferson City, MO 65101

Phone: (573) 634-6410 Fax: (573) 634-6457

[www.jeffersoncitymo.gov](http://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

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.



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Person in Charge

Issued Date: July 3, 2020

Expiration Date: Midnight July 4, 2020



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Environmental Health Specialist



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| ESTABLISHMENT NAME:<br><b>SMOKIN PIG-TEMPORARY FOOD</b>   |                                   | OWNER:<br><b>JOHNNY PORTER</b>  | PERSON IN CHARGE:<br><b>Johnny</b>  |
| ADDRESS:<br><b>101 W HIGH ST</b>  |                                   | COUNTY<br><b>51</b>   |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>  | Phone:<br><b>(870) 634-6661</b>   | Fax:  | P.H. PRIORITY <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE  |                                   |   |   |
| <input type="checkbox"/> BAKERY   | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER  | <input type="checkbox"/> DELI   |
| <input type="checkbox"/> RESTAURANT   | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER  | <input type="checkbox"/> SUMMER F.P.  |
|   |                                   | <input type="checkbox"/> GROCERY STORE  | <input type="checkbox"/> INSTITUTION  |
|   |                                   | <input type="checkbox"/> TAVERN   | <input type="checkbox"/> TEMP. FOOD   |
| <input type="checkbox"/> MOBILE VENDORS   |                                   |   |   |
| PURPOSE   |                                   |   |   |
| <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |                                   |   |   |
| FROZEN DESSERT  |                                   | SEWAGE DISPOSAL   |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                   | <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE   |   |
| License No. _____   |                                   | WATER SUPPLY  |   |
|   |                                   | <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE |   |
|   |                                   | Date Sampled _____ Results _____  |   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE   | Demonstration of Knowledge  | COS | R | COMPLIANCE   | Time/Temperature for Safety Food                            | COS | R |
|--|---|-----|---|--|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>   |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>   |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>   |   |     |   | <b>Consumer Advisory</b>   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.  | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Pasturized foods used, prohibited foods not offered         |     |   |
| <b>Approved Source</b>   |   |     |   | <b>Chemical</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Food additives: approved and properly used                  |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.            | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food in good condition, safe and unadulterated  |     |   | <b>Conformance with Approved Procedures</b>  |   |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A.            | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Compliance with approved Specialized Process and HACCP plan |     |   |
| <b>Protection from Contamination</b>   |   |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Food separated and protected  |     |   | IN = in compliance                      OUT = not in compliance  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Food-contact surfaces cleaned & sanitized   |     |   | N.A. = not applicable                      N.O. = not observed   |   |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O.  | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | COS = Corrected On Site                      R = Repeat Item   |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                      | OUT | Safe Food and Water   | COS | R | IN                                     | OUT | Proper Use of Utensils  | COS | R |
|---|-----|---|-----|---|--|-----|---|-----|---|
| <input checked="" type="checkbox"/>     |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/>    |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/>     |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/>    |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
| <b>Food Temperature Control</b>         |     |   |     |   | <input checked="" type="checkbox"/>    |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/>     |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/>    |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/>     |     | Approved thawing methods used                                 |     |   | <b>Utensils, Equipment and Vending</b> |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/>    |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |     |   |     |   | <input checked="" type="checkbox"/>    |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/>     |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/>    |     | Nonfood-contact surfaces clean  |     |   |
| <b>Prevention of Food Contamination</b> |     |   |     |   | <b>Physical Facilities</b>             |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/>    |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/>    |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/>     |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/>    |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/>     |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/>    |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/>     |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/>    |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|   |     |   |     |   | <input checked="" type="checkbox"/>    |     | Physical facilities installed, maintained, and clean                                  |     |   |

|                           |                      |                      |                       |                 |   |
|---------------------------|----------------------|----------------------|-----------------------|-----------------|---|
| Person in Charge / Title: |                      | <b>JOHNNY PORTER</b> |                       | Date:           | <b>07/03/2020</b>   |
|                           |                      | <b>OWNER</b>         |                       |                 |   |
| Inspector:                | <i>Loran Prenger</i> | Telephone No.:       | <b>(573) 634-6410</b> | EPHS No.:       | <b>502</b>  |
|                           |                      |                      |                       | Follow-up:      | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                           |                      |                      |                       | Follow-up Date: |   |





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>01:00 PM</b> | Time Out<br><b>04:00 PM</b> |
| Page 2 of 2                |                             |

|   |                                  |  |
|---|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>SMOKIN PIG-TEMPORARY FOOD</b> | ADDRESS:<br><b>101 W HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|---|----------------------------------|--|

**MEASURED OBSERVATIONS**

No Temperature Observations

| PRIORITY ITEMS  | Correct By<br>(date) | Initial |
|---|----------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury.<br>These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                      |         |

No Violations Observed

| CORE ITEMS   | Correct By<br>(date) | Initial |
|--|----------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

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:       | <b>JOHNNY PORTER</b><br><b>OWNER</b>                    | Date:<br><b>07/03/2020</b>  |
| Inspector: <i>Loran Prenger</i> | LORAN PRENGER<br>Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>502</b>  |
|                                 |   | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Follow-up Date: |



## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

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

### Temporary Food Establishment Operating Permit

This Certifies

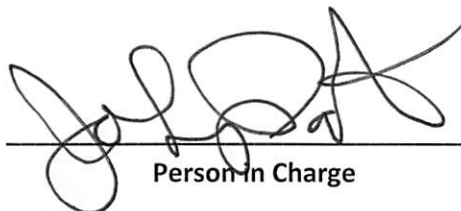
### Smokin Pig Beverage Concessions

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.

  
\_\_\_\_\_  
Person in Charge

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

  
\_\_\_\_\_  
Environmental Health Specialist





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>04:00 PM</b> | Time Out<br><b>04:30 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| ESTABLISHMENT NAME:<br><b>DANIEL GREEN FOR JUDGE</b>  |                                   | OWNER:<br><b>DANIEL GREEN</b>   | PERSON IN CHARGE:<br><b>Samantha Green</b>  |
| ADDRESS:<br><b>205 E HIGH ST</b>  |                                   | COUNTY<br><b>51</b>   |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>  | Phone:<br><b>(573) 634-9100</b>   | Fax:  | P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L |
| ESTABLISHMENT TYPE  |                                   |   |   |
| <input type="checkbox"/> BAKERY   | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER  | <input type="checkbox"/> DELI   |
| <input type="checkbox"/> RESTAURANT   | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER  | <input type="checkbox"/> SUMMER F.P.  |
|   |                                   | <input type="checkbox"/> GROCERY STORE  | <input type="checkbox"/> INSTITUTION  |
|   |                                   | <input type="checkbox"/> TAVERN   | <input type="checkbox"/> MOBILE VENDORS   |
| PURPOSE   |                                   |   |   |
| <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |                                   |   |   |
| FROZEN DESSERT  |                                   | WATER SUPPLY  |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                   | <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE |   |
| License No. _____   |                                   | Date Sampled _____ Results _____  |   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE  | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>  |   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Management awareness; policy present  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Proper use of reporting, restriction and exclusion  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>  |   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Proper eating, tasting, drinking, or tobacco use  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | No discharge from eyes, nose and mouth  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>  |   |     |   | <b>Consumer Advisory</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Hands clean and properly washed   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Adequate handwashing facilities supplied & accessible                                       |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Pasturized foods used, prohibited foods not offered         |     |   |
| <b>Approved Source</b>  |   |     |   | <b>Chemical</b>   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food obtained from approved source  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Food additives: approved and properly used                  |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food in good condition, safe and unadulterated  |     |   | <b>Conformance with Approved Procedures</b>   |   |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Compliance with approved Specialized Process and HACCP plan |     |   |
| <b>Protection from Contamination</b>  |   |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.                                |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food separated and protected  |     |   | IN = in compliance                      OUT = not in compliance   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food-contact surfaces cleaned & sanitized   |     |   | N.A. = not applicable                      N.O. = not observed  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | COS = Corrected On Site                      R = Repeat Item  |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                  | OUT | Safe Food and Water   | COS | R | IN                                  | OUT | Proper Use of Utensils  | COS | R |
|-------------------------------------|-----|---|-----|---|-------------------------------------|-----|---|-----|---|
| <input checked="" type="checkbox"/> |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/> |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/> |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |     | <b>Food Temperature Control</b>                               |     |   | <input checked="" type="checkbox"/> |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/> |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> |     | Approved thawing methods used                                 |     |   |                                     |     | <b>Utensils, Equipment and Vending</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/> |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|                                     |     | <b>Food Identification</b>                                    |     |   | <input checked="" type="checkbox"/> |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/> |     | Nonfood-contact surfaces clean  |     |   |
|                                     |     | <b>Prevention of Food Contamination</b>                       |     |   |                                     |     | <b>Physical Facilities</b>  |     |   |
| <input checked="" type="checkbox"/> |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/> |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/> |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |     |   |     |   | <input checked="" type="checkbox"/> |     | Physical facilities installed, maintained, and clean                                  |     |   |

|  |                |  |                            |
|--|----------------|--|----------------------------|
| Person in Charge / Title:  |                |  | Date:<br><b>07/04/2020</b> |
| Inspector: <i>David Grellner</i>   | DAVID GRELLNER | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>503</b>     |
| Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                |  | Follow-up Date:            |



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>04:00 PM</b> | Time Out<br><b>04:30 PM</b> |
| Page 2 of 2                |                             |

|  |                                  |  |
|--|----------------------------------|--|
| ESTABLISHMENT NAME:<br><b>DANIEL GREEN FOR JUDGE</b> | ADDRESS:<br><b>205 E HIGH ST</b> | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b> |
|--|----------------------------------|--|

**MEASURED OBSERVATIONS**

No Temperature Observations

| PRIORITY ITEMS  | Correct By<br>(date) | Initial |
|---|----------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury.<br>These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                      |         |

No Violations Observed

| CORE ITEMS   | Correct By<br>(date) | Initial |
|--|----------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

Daniel Green For Judge temporary food stand. Menu items: Sno-cones.

|                                     |                |  |  |
|-------------------------------------|----------------|--|--|
| Person in Charge / Title:           |                |  | Date:<br><b>07/04/2020</b>   |
| Inspector:<br><i>David Grellner</i> | DAVID GRELLNER | Telephone No.<br><b>(573) 634-6410</b> | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|                                     |                |  | Follow-up Date:  |





## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

320 East McCarty Street

Jefferson City, MO 65101

Phone: (573) 634-6410 Fax: (573) 634-6457

[www.jeffersoncitymo.gov](http://www.jeffersoncitymo.gov)

### Temporary Food Establishment Operating Permit

This Certifies

*Daniel Green For Judge*

Salute To America Festival

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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 4, 2020

Expiration Date: Midnight July 4, 2020

Person in Charge

*Samantha Green*

Environmental Health Specialist



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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>04:00 PM</b> | Time Out<br><b>04:30 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| ESTABLISHMENT NAME:<br><b>DAVID G. BANDRE FOR JUDGE</b>   |                                   | OWNER:<br><b>DAVID BANDRE</b>   | PERSON IN CHARGE:<br><b>David G. Bandre</b>   |
| ADDRESS:<br><b>205 E HIGH ST</b>  |                                   | COUNTY<br><b>51</b>   |   |
| CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>  | Phone:<br><b>(573) 635-2424</b>   | Fax:  | P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L |
| ESTABLISHMENT TYPE  |                                   |   |   |
| <input type="checkbox"/> BAKERY   | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER  | <input type="checkbox"/> DELI   |
| <input type="checkbox"/> RESTAURANT   | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER  | <input type="checkbox"/> SUMMER F.P.  |
|   |                                   | <input type="checkbox"/> GROCERY STORE  | <input type="checkbox"/> INSTITUTION  |
|   |                                   | <input type="checkbox"/> TAVERN   | <input type="checkbox"/> TEMP. FOOD   |
| <input type="checkbox"/> MOBILE VENDORS   |                                   |   |   |
| PURPOSE   |                                   |   |   |
| <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |                                   |   |   |
| FROZEN DESSERT  |                                   | SEWAGE DISPOSAL   |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                   | <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE   |   |
| License No. _____   |                                   | WATER SUPPLY  |   |
|   |                                   | <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE |   |
|   |                                   | Date Sampled _____ Results _____  |   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE  | Demonstration of Knowledge  | COS | R | COMPLIANCE   | Time/Temperature for Safety Food                            | COS | R |
|---|---|-----|---|--|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>  |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>  |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>  |   |     |   | <b>Consumer Advisory</b>   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Pasturized foods used, prohibited foods not offered         |     |   |
| <b>Approved Source</b>  |   |     |   | <b>Chemical</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Food additives: approved and properly used                  |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food in good condition, safe and unadulterated  |     |   | <b>Conformance with Approved Procedures</b>  |   |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input checked="" type="checkbox"/> N.A. | Compliance with approved Specialized Process and HACCP plan |     |   |
| <b>Protection from Contamination</b>  |   |     |   | This letter to the left of each item indicates that item's status at the time of the inspection.   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food separated and protected  |     |   | IN = in compliance                      OUT = not in compliance  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O. <input type="checkbox"/> N.A. | Food-contact surfaces cleaned & sanitized   |     |   | N.A. = not applicable                      N.O. = not observed   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N.O.                               | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | COS = Corrected On Site                      R = Repeat Item   |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                      | OUT | Safe Food and Water   | COS | R | IN                                     | OUT | Proper Use of Utensils  | COS | R |
|---|-----|---|-----|---|--|-----|---|-----|---|
| <input checked="" type="checkbox"/>     |     | Pasteurized eggs used where required                          |     |   | <input checked="" type="checkbox"/>    |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/>     |     | Water and ice from approved source                            |     |   | <input checked="" type="checkbox"/>    |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
| <b>Food Temperature Control</b>         |     |   |     |   | <input checked="" type="checkbox"/>    |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/>     |     | Adequate equipment for temperature control                    |     |   | <input checked="" type="checkbox"/>    |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/>     |     | Approved thawing methods used                                 |     |   | <b>Utensils, Equipment and Vending</b> |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Thermometers provided and accurate                            |     |   | <input checked="" type="checkbox"/>    |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |     |   |     |   | <input checked="" type="checkbox"/>    |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/>     |     | Food properly labeled; original container                     |     |   | <input checked="" type="checkbox"/>    |     | Nonfood-contact surfaces clean  |     |   |
| <b>Prevention of Food Contamination</b> |     |   |     |   | <b>Physical Facilities</b>             |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Insects, rodents, and animals not present                     |     |   | <input checked="" type="checkbox"/>    |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     |     | Contamination prevented during food prep, storage and display |     |   | <input checked="" type="checkbox"/>    |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/>     |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/>    |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/>     |     | Wiping cloths: properly used and stored                       |     |   | <input checked="" type="checkbox"/>    |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/>     |     | Fruits and vegetables washed before use                       |     |   | <input checked="" type="checkbox"/>    |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|   |     |   |     |   | <input checked="" type="checkbox"/>    |     | Physical facilities installed, maintained, and clean                                  |     |   |

|  |                |  |                            |
|--|----------------|--|----------------------------|
| Person in Charge / Title:  |                |  | Date:<br><b>07/04/2020</b> |
| Inspector:<br><i>David Grellner</i>  | DAVID GRELLNER | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>503</b>     |
| Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                |  | Follow-up Date:            |





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>04:00 PM</b> | Time Out<br><b>04:30 PM</b> |
| Page 2 of 2                |                             |

|  |                           |   |
|--|---------------------------|---|
| ESTABLISHMENT NAME:<br>DAVID G. BANDRE FOR JUDGE | ADDRESS:<br>205 E HIGH ST | CITY/ZIP CODE<br>JEFFERSON CITY, MO 65101 |
|--|---------------------------|---|

**MEASURED OBSERVATIONS**

No Temperature Observations

| PRIORITY ITEMS  | Correct By<br>(date) | Initial |
|---|----------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury.<br>These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                      |         |

No Violations Observed

| CORE ITEMS   | Correct By<br>(date) | Initial |
|--|----------------------|---------|
| 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

**EDUCATION PROVIDED OR COMMENTS**

David Bandre for Judge temporary food stand at the Salute to America Festival. Menu items included lemonade.

|                                  |                |  |                        |
|----------------------------------|----------------|--|------------------------|
| Person in Charge / Title:        |                | Date:<br><b>07/04/2020</b>   |                        |
| Inspector: <i>David Grellner</i> | DAVID GRELLNER | Telephone No.<br><b>(573) 634-6410</b>   | EPHS No.<br><b>503</b> |
|                                  |                | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                        |
|                                  |                | Follow-up Date:  |                        |



## CITY OF JEFFERSON ENVIRONMENTAL HEALTH DIVISION

320 East McCarty Street

Jefferson City, MO 65101

Phone: (573) 634-6410 Fax: (573) 634-6457

[www.jeffersoncitymo.gov](http://www.jeffersoncitymo.gov)

### Temporary Food Establishment Operating Permit

This Certifies

David C. Bandre For Judge

Salute To America Festival

---

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.



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Person in Charge

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



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Environmental Health Specialist





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

|                            |                             |
|----------------------------|-----------------------------|
| Time In<br><b>03:45 PM</b> | Time Out<br><b>04:15 PM</b> |
| Page 1 of 2                |                             |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| ESTABLISHMENT NAME:<br><b>PBJ HAPPEE DAY SHOWS</b>  |                                   | OWNER:<br><b>PBJ HAPPEE DAY SHOWS</b>  | PERSON IN CHARGE:<br><b>Cayla Casper</b>  |
| ADDRESS:<br><b>201 MADISON ST</b>   |                                   | CITY/ZIP CODE<br><b>JEFFERSON CITY, MO 65101</b>                                     | COUNTY<br><b>51</b>   |
| Phone:<br><b>(612) 232-8685</b>   |                                   | Fax:   | P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L |
| ESTABLISHMENT TYPE  |                                   |  |   |
| <input type="checkbox"/> BAKERY   | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER   | <input type="checkbox"/> DELI   |
| <input type="checkbox"/> RESTAURANT   | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER   | <input type="checkbox"/> SUMMER F.P.  |
|   |                                   | <input type="checkbox"/> GROCERY STORE   | <input type="checkbox"/> INSTITUTION  |
|   |                                   | <input type="checkbox"/> TAVERN  | <input type="checkbox"/> TEMP. FOOD   |
| <input type="checkbox"/> MOBILE VENDORS   |                                   |  |   |
| PURPOSE   |                                   |  |   |
| <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |                                   |  |   |
| FROZEN DESSERT  |                                   | SEWAGE DISPOSAL  |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                   | <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE          |   |
| License No. _____   |                                   | WATER SUPPLY   |   |
|   |                                   | <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY |   |
|   |                                   | Date Sampled _____   |   |
|   |                                   | PRIVATE Results _____  |   |

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| COMPLIANCE   | Demonstration of Knowledge  | COS | R | COMPLIANCE   | Time/Temperature for Safety Food                            | COS | R |
|--|---|-----|---|--|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                    | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>   |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                    | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                    | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                    | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>   |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.A.                         | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O.                               | Proper eating, tasting, drinking, or tobacco use  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                    | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O.                               | No discharge from eyes, nose and mouth  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                               | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>   |   |     |   | <b>Consumer Advisory</b>   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O.                               | Hands clean and properly washed   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N.A.                                    | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O.                               | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <b>Highly Susceptible Populations</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Adequate handwashing facilities supplied & accessible                                       |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                               | Pasturized foods used, prohibited foods not offered         |     |   |
| <b>Approved Source</b>   |   |     |   | <b>Chemical</b>  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Food obtained from approved source  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N.A.                                    | Food additives: approved and properly used                  |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N.O. N.A. | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                    | Food in good condition, safe and unadulterated  |     |   | <b>Conformance with Approved Procedures</b>  |   |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT N.O. N.A.                                     | Required records available: shellstock tags, parasite destruction                           |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N.A.                                    | Compliance with approved Specialized Process and HACCP plan |     |   |
| <b>Protection from Contamination</b>   |   |     |   | This letter to the left of each item indicates that item's status at the time of the inspection. |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.A.                               | Food separated and protected  |     |   | IN = in compliance   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.A.                               | Food-contact surfaces cleaned & sanitized   |     |   | OUT = not in compliance  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N.O.                               | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | N.A. = not applicable  |   |     |   |
|  |   |     |   | COS = Corrected On Site  |   |     |   |
|  |   |     |   | R = Repeat Item  |   |     |   |

**Good Retail Practices**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

| IN                                      | OUT | Safe Food and Water   | COS | R                                   | IN                                     | OUT | Proper Use of Utensils  | COS | R |
|---|-----|---|-----|-------------------------------------|--|-----|---|-----|---|
| <input checked="" type="checkbox"/>     |     | Pasteurized eggs used where required                          |     |                                     | <input checked="" type="checkbox"/>    |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/>     |     | Water and ice from approved source                            |     |                                     | <input checked="" type="checkbox"/>    |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
| <b>Food Temperature Control</b>         |     |   |     | <input checked="" type="checkbox"/> |  |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/>     |     | Adequate equipment for temperature control                    |     |                                     | <input checked="" type="checkbox"/>    |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/>     |     | Approved thawing methods used                                 |     |                                     | <b>Utensils, Equipment and Vending</b> |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Thermometers provided and accurate                            |     |                                     | <input checked="" type="checkbox"/>    |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |     |   |     | <input checked="" type="checkbox"/> |  |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/>     |     | Food properly labeled; original container                     |     |                                     | <input checked="" type="checkbox"/>    |     | Nonfood-contact surfaces clean  |     |   |
| <b>Prevention of Food Contamination</b> |     |   |     | <b>Physical Facilities</b>          |  |     |   |     |   |
| <input checked="" type="checkbox"/>     |     | Insects, rodents, and animals not present                     |     |                                     | <input checked="" type="checkbox"/>    |     | Hot and Cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     |     | Contamination prevented during food prep, storage and display |     |                                     | <input checked="" type="checkbox"/>    |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/>     |     | Clean outer clothing, hair restraint, fingernails and jewelry |     |                                     | <input checked="" type="checkbox"/>    |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/>     |     | Wiping cloths: properly used and stored                       |     |                                     | <input checked="" type="checkbox"/>    |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/>     |     | Fruits and vegetables washed before use                       |     |                                     | <input checked="" type="checkbox"/>    |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|   |     |   |     | <input checked="" type="checkbox"/> |  |     | Physical facilities installed, maintained, and clean                                  |     |   |

|                                  |                |  |                            |  |  |
|----------------------------------|----------------|--|----------------------------|--|--|
| Person in Charge / Title:        |                |  | Date:<br><b>07/03/2020</b> |  |  |
| Inspector: <i>David Grellner</i> | DAVID GRELLNER | Telephone No.<br><b>(573) 634-6410</b> | EPHS No.<br><b>503</b>     | Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
|                                  |                |  |                            | Follow-up Date:  |  |



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| Page 2 of 2                |                             |

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|--|-----------------------------------|--|

| MEASURED OBSERVATIONS |      |               |      |               |      |
|-----------------------|------|---------------|------|---------------|------|
| Item/Location         | Temp | Item/Location | Temp | Item/Location | Temp |
| corn dogs/true cooler | 37 F |               |      |               |      |

| PRIORITY ITEMS   |  |  | Correct By (date) | Initial |
|--|--|--|-------------------|---------|
| Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |  |  |                   |         |
| No Violations Observed   |  |  |                   |         |

| CORE ITEMS   |  |  | Correct By (date) | Initial |
|--|--|--|-------------------|---------|
| 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   |  |  |                   |         |

| EDUCATION PROVIDED OR COMMENTS   |  |  |  |  |
|--|--|--|--|--|
| <p>PBJ Happee Days Shows Carnival at the Salute to America Festival in Downtown Jefferson City. Menu items include: corn dogs, funnel cakes, cotton candy, fried oreos, french fries, nachos, popcorn, lemonade, and soda. There were three concession trailers located at the carnival. All trailers were inspected and passed inspection for health regulations.</p> |  |  |  |  |

|                                  |                |  |                            |  |
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|                                  |                |  | Follow-up Date:            |  |