Columbia/Boone County Department of Public Health and Human Services
Food Establishment Inspection Report

ESTABLISHMENT NAME	CITY ☒ COUNTY ☐	PUBLIC HEALTH PRIORITY	DATE OF INSPECTION
THE SHOT BAR		Low	09/25/2020

ADDRESS	TIMEIN	TIMEOUT
100 S NINTH	08:25 PM	08:40 PM

CITY/ZIP	PHONE	WATER SUPPLY
Columbia 65201		■ PUBLIC ☐ PRIVATE
PERSON IN CHARGE (PIC)	**FAX**	**SEWAGE DISPOSAL**
		■ PUBLIC ☐ ONSITE

ESTABLISHMENT TYPE

☐ RESTAURANT ☐ CONY. STORE ☐ SCHOOL
☐ DAYCARE ☒ TAVERN ☐ INSTITUTION
☐ GROCERY ☐ WAREHOUSE ☐ BAKERY
☐ PROCESSOR ☐ MEAT CUTTING ☐ DELI
☐ SEASONAL ☐ SNACK BAR OTHER_____

PURPOSE

☐ ROUTINE ☐ COMPLAINT
☐ REINSPECTION ☐ PRE-OPENING
☐ REINSPECTION WITH FEE ☐ EMERGENCY RESPONSE
☒ OTHER

GREASE TRAP

☐ YES ☐ NO
Date last cleaned:
☐ **$110 Reinspection fee applies**
_____ PIC initials

IR =INFRARED THERMOMETER **NRI =NEXT REGULAR INSPECTION** **RI=REACH IN** **WI=WALK-IN**

FOOD ITEM	°F	IR	LOCATION	FOOD ITEM	°F	IR	LOCATION

CRITICAL ITEMS

CODE REFERENCE	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. **These items MUST RECEIVE IMMEDIATE ACTION** within 72 hours **or as stated.**	CORRECT BY

NON-CRITICAL ITEMS

CODE REFERENCE	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. **These items are to be corrected bv the next renular inspection or as stated.**	CORRECT BY

EDUCATION PROVIDED AND/OR COMMENTS

Compliance check. Upon inspection groups were not socially distanced. Discussed with person in charge submitting an operational plan for bar seating to allow for social distancing between parties.

CRITICAL ITEMS 0 NON-CRITICAL ITEMS 0

RECEIVED BY			DATE 09/25/2020
EHS Megan West	FOLLOW-UP ☐ YES ☒ NO		DATE OF FOLLOW-UP

WHEN REMODELING A FOOD SERVICE ESTABLISHMENT, PLANS MUST BE SUBMITTED TO THE HEALTH DEPARTMENT FOR APPROVAL BEFORE REMODELING BEGINS.

The following is applicable only if box is checked:

☐ **Your operating permit is hereby suspended.** Upon receipt of written statement that all violations have been corrected, a reinspection will be conducted to determine your eligibility for permit reinstatement. You may appeal the suspension by filing a written request for a hearing to the Director of Health within 10 days of the suspension (8-305.12)

☐ **Your operating permit is hereby reinstated.**