



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

TIME IN 10:25 TIME OUT 11:30
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: <u>Subway</u>		OWNER:	PERSON IN CHARGE:		
ADDRESS: <u>108 E Pine</u>			COUNTY: <u>Mississippi</u>		
CITY/ZIP: <u>East Prairie 63845</u>	PHONE: <u>647-6004</u>	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input 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"/> INSTITUTION <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____		

RISK FACTORS AND INTERVENTIONS

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

Compliance		Demonstration of Knowledge		COS	R	Compliance		Potentially Hazardous Foods		COS	R
IN	OUT	Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	N/O	N/A		
		Employee Health				IN	OUT	N/O	N/A		
IN	OUT	Management awareness; policy present				IN	OUT	N/O	N/A		
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	N/O	N/A		
		Good Hygienic Practices				IN	OUT	N/A			
IN	OUT	N/O	Proper eating, tasting, drinking or tobacco use				IN	OUT	N/O	N/A	
IN	OUT	N/O	No discharge from eyes, nose and mouth				IN	OUT	N/O	N/A	
		Preventing Contamination by Hands				IN	OUT	N/A			
IN	OUT	N/O	Hands clean and properly washed				IN	OUT	N/A		
IN	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations				
IN	OUT		Adequate handwashing facilities supplied & accessible				IN	OUT	N/O	N/A	
		Approved Source				IN	OUT	N/A			
IN	OUT		Food obtained from approved source				IN	OUT	N/A		
IN	OUT	N/O	N/A	Food received at proper temperature			IN	OUT			
IN	OUT		Food in good condition, safe and unadulterated				Chemical				
IN	OUT	N/O	N/A	Required records available: shellstock tags, parasite destruction			IN	OUT			
		Protection from Contamination				IN	OUT	N/A			
IN	OUT	N/A	Food separated and protected				Conformance with Approved Procedures				
IN	OUT	N/A	Food-contact surfaces cleaned & sanitized				Compliance with approved Specialized Process and HACCP plan				
IN	OUT	N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item				

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

Person in Charge / Title: <u>Royce Dreyfus Mgr.</u>			Date: <u>9-17-2020</u>		
Inspector: <u>Justin Martin</u>	Telephone No. <u>533-683-2191</u>	EPHS No. <u>1681</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Follow-up Date: _____		



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

TIME IN 10:25	TIME OUT 11:30
PAGE 2 of 2	

ESTABLISHMENT NAME Subway		ADDRESS 108 E Pine		CITY East Prairie	ZIP 63845
FOOD PRODUCT/LOCATION Ambient Air (AA) Walk-in cooler		TEMP. 33°F	FOOD PRODUCT/LOCATION Tomato / make-line cooler		TEMP. 35°F
AA cooler under toaster		52°F	Chicken / make-line cooler		40°F
			ham / make-line cooler		40°F

Code Reference	PRIORITY ITEMS <small>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</small>	Correct by (date)	Initial
4-601.11(A)	Moldy soda nozzles	9-18	

Code Reference	CORE ITEMS <small>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.</small>	Correct by (date)	Initial
5-202.2(A)	Handsink by the 3 bay sink did not have hot water that reached at least 100°F	NRI	
4-30.11	Cooler under sandwich toaster not maintaining temperature, and temperature is not under 41°F. (Nothing is being stored in cooler)	NRI	

EDUCATION PROVIDED OR COMMENTS
 NRI = next routine inspection. Discussed proper date marking.

Person in Charge / Title: Ale Bryars	Date: 9-17-2020
Inspector: Jodie Marie	Telephone No.: 573-683-2191
EPHS No.: 11881	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date: 	