



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
 P.O. BOX 570, JEFFERSON CITY, MO 65102-0570, (866) 628-9891  
**Manufactured Food Program Inspection Report**

<input type="checkbox"/> CONTRACT	<input checked="" type="checkbox"/> NON-CONTRACT
RISK CATEGORY	
<input type="checkbox"/> HIGH	<input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> LOW

**ESTABLISHMENT DATA**

FEI <b>3000203082</b>	ESTABLISHMENT NAME <b>McCarthy Spice and Blends</b>		
INSPECTION DATE <b>9-19-17</b>	START TIME <b>12:25 p.m.</b>	END TIME <b>2:25 p.m.</b>	
PHYSICAL ADDRESS <b>8501 Delport Drive</b>	CITY, STATE ZIP CODE <b>St. Louis, MO 63114</b>		
MAILING ADDRESS <b>Same</b>	CITY, STATE ZIP CODE <b>Same</b>		
TELEPHONE NUMBER <b>314-725-1688</b>	FAX NUMBER <b>314-725-2106</b>	CURRENT E-MAIL <b>margaret@mccarthyspice.com</b>	
TYPE OF OPERATION <b>Spice Blending</b>	REASON FOR INSPECTION (Initial, Routine or Follow-up and/or Complaint if applicable) <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> COMPLAINT		
HOURS OF OPERATION <b>7:30 a.m. - 4:00 p.m. M-F</b>	% WHOLESALE <b>100</b>	% INTERSTATE <b>50</b>	ESTABLISHMENT SIZE <b>5</b>
# OF EMPLOYEES <b>20</b>			

PROCESSES COVERED DURING INSPECTION  
**Blending Spices products**

CREDENTIALS SHOWN TO (NAME AND TITLE) <b>Margaret G. McCarthy, Owner</b>	MOST SENIOR PERSONNEL (NAME AND TITLE) <b>Margaret G. McCarthy, Owner</b>
ADDITIONAL PEOPLE PRESENT DURING INSPECTION <b>Cynthia L. Lynch-Schemendia, Document Control</b>	

BT REGISTRATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WATER SUPPLY <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> NON-COMMUNITY PUBLIC	SAMPLE COLLECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE
<input checked="" type="checkbox"/> REVIEWED RECALLS, COMPLAINTS, AND LOT CODING	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> RECONCILIATION EXAM	<input checked="" type="checkbox"/> NOT APPLICABLE	<input checked="" type="checkbox"/> FDA CONTRACT REQUIRED DOCUMENTS PROVIDED
DATE OF PREVIOUS INSPECTION <b>8-12-16</b>	PREVIOUS INSPECTION CLASSIFICATION <b>NAI</b>	SIGNIFICANT CHANGES SINCE LAST INSPECTION <b>None</b>		

COMMENTS	ADVERSE CONDITIONS FOUND? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, SEE FOLLOWING PAGE(S) FOR DESCRIPTION.
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**21CFR PART 110 SECTIONS**

- 110.10 PERSONNEL:** Disease Control, Cleanliness, Education and Training, Supervision
- 110.20 PLANTS AND GROUNDS:** Grounds, Plant Construction and Design
- 110.35 SANITARY OPERATIONS:** General Maintenance, Substances used in Cleaning and Sanitizing; Storage of Toxic Materials, Pest Control, Sanitation of Food Contact Surfaces, Storage and Handling of Cleaned Portable Equipment and Utensils
- 110.37 SANITARY FACILITIES AND CONTROLS:** Water Supply, Plumbing, Sewage Disposal, Toilet Facilities, Hand-washing Facilities, Rubbish Disposal
- 110.40 EQUIPMENT AND UTENSILS:** Easily Cleanable, Thermometers for Freezers and Coolers, Instrument Accuracy and Maintenance (temperature, pH and water activity), Compressed Air
- 110.80 PROCESSING AND CONTROLS:** Raw Materials, Ingredients & Manufacturing Operations (45° F for refrigerated foods/140° F for hot foods)
- 110.93 WAREHOUSING AND DISTRIBUTION:** Protect against Physical, Chemical, Microbial Contamination, and Deterioration of Food/Container

SAMPLES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, INDICATE TYPE OF FOLLOW-UP AND DATE BELOW <input type="checkbox"/> INSPECTION <input type="checkbox"/> DOCUMENTATION DATE: _____	REFUSALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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INSPECTION CLASSIFICATION <b>NAI</b>	MANAGEMENT RESPONSE TO CORRECTIONS
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INSPECTED BY <b>Angela Jones</b>	AGENCY ADDRESS/CITY/ZIP CODE <b>2805 Jefferson Ave St. Louis, MO 63103</b>		
INSPECTOR TELEPHONE NUMBER <b>314-877-2878</b>	INSPECTOR E-MAIL <b>Angela.d.jones@health.mo.gov</b>		
RECEIVED BY <b>M. McCarthy</b>	PRINT NAME <b>Margaret McCarthy</b>	TITLE <b>owner</b>	DATE <b>9-19-17</b>