


FOOD ESTABLISHMENT INSPECTION REPORT

Saint Louis County Department of Public Health 6121 N Hanley Rd Berkeley, MO 63134 314-615-8900		This inspection is a <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Opening <input type="checkbox"/> Other			
Establishment HONEY MOON CHOCOLATES		Inspection Date 09/03/2020	Time In 11:40 am	Time Out 12:00 pm	
Address 2566 GLADIATOR DR		City/State FENTON, MO	Zip Code FENTON,	Telephone (618) 477-0705	
License/Permit # PT0013140	Est. Number FA0009114	Permit Holder	Purpose of Inspection ROUTINE INSPECTION	Risk Category CATEGORY 2	
Inspected by Emily Birchler		EHS Number EE0000150	Follow-up Date	Program Identifier HEALTH	

IN = IN COMPLIANCE OUT = OUT OF COMPLIANCE N/O = NOT OBSERVED N/A = NOT APPLICABLE COS = CORRECTED ON SITE RPT = REPEAT VIOLATION

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

DEMONSTRATION OF KNOWLEDGE

1	Knowledgeable person in charge <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
2	Employee Training <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

EMPLOYEE HEALTH

3	Management awareness; Policy <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
4	Proper use of reporting; restriction; exclusion <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

GOOD HYGIENE

5	Proper eating, tasting, or tobacco use <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
6	Discharges from mouth, nose, and eyes <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

PREVENTING CONTAMINATION BY HANDS

7	Hands clean and properly washed <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
8	No bare hand contact with ready-to eat foods <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
9	Adequate hand-washing facilities supplied and accessible <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT



APPROVED SOURCE

10	Food, water, ice obtained from an approved source <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
11	Food received at the proper temperature <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
12	Food in good condition, safe, unadulterated, and properly labeled <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
13	Required records: Shell stock tags, and parasite destruction <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

PROTECTION FROM CONTAMINATION

14	Food separated and protected <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
15	Food contact surfaces cleaned and sanitized <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

Signatures

 _____ Cameron Loyet Owner	 _____ EHS: Emily Birchler (314) 615-4033
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

16	Proper disposition of returned, previously served and unsafe food
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
17	Insects, rodents and animals present, no unauthorized persons
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
18	Sewage, waste water disposal, no water
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

POTENTIALLY HAZARDOUS FOOD TIME/TEMPERATURE

19	Proper cooking
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
20	Proper reheating
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
21	Proper cooling
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
22	Proper hot holding
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
23	Proper cold holding
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
24	Time as a public health control
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

CONSUMER ADVISORY

25	Consumer advisory for raw or under cooked animal foods
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

HIGHLY SUSCEPTIBLE POPULATIONS

26	Pasteurized foods used
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

CHEMICALS

27	Food additives: labeled and properly used
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
28	Toxic substances: properly identified, stored, and used
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

APPROVED PROCEDURES AND DOCUMENTATION

29	HACCP plan, variance, and/or special procedures
	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
30	Proper date marking, disposition, records for time as a control
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

HEPATITIS A IMMUNIZATION

31	Proof of hepatitis A immunization
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT
32	Clear and concise record keeping
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT

GOOD RETAIL PRACTICES

FOOD TEMPERATURE CONTROL

33	Proper cooling methods; adequate equipment for temperature control; proper thawing methods
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT
34	Plant food properly cooked for hot holding, and properly washed
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT
35	Thermometers provided and accurate
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT

Signatures



Cameron Loyet
Owner



EHS: Emily Birchler
(314) 615-4033

GOOD RETAIL PRACTICES

FOOD IDENTIFICATION

36	Food properly labeled, original container	Comply by 12/2/2020
	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	

Violation Comments:

Food storage containers not labeled with common name. Food in dry storage cage not labeled and dated. Observed chocolate bar missing address where food was made.
 (3-302.12) Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding FOOD or FOOD ingredients that are removed from their original packages for use in the FOOD ESTABLISHMENT, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the FOOD
 Foods packaged on site not labeled as specified in law

PREVENTION OF FOOD CONTAMINATION

37	Contamination prevented during food preparation, storage, and display, employee cleanliness	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	
38	Wiping cloths properly used, and stored, sanitized concentration	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	

PROPER USE OF UTENSILS

39	Utensils, equipment and linens properly stored and used	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	
40	Single use and single service articles properly stored and used	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	

PHYSICAL FACILITIES

41	Food and nonfood contact surfaces properly designed, cleaned, and constructed	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	
42	Warewashing facilities installed, maintained, and test strips provided	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	
43	Plumbing installed, backflow prevention, hot/cold running water, available, adequate, under pressure	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	
44	Garbage and refuse properly disposed, facilities properly maintained	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	
45	Toilet facilities properly constructed, supplied, and cleaned	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	
46	Physical facilities installed, maintained, and clean	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	
47	Adequate ventilation and lighting, designated areas provided/used	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	

Measured Observations

No Measured Observations

Proof of Hepatitis A Immunization

Proof of Hepatitis A Immunization: YES	Food Handlers with first shot: 2
Total Number of Food Handlers: 3	Food Handlers with second (booster) shot: 1
Food Handlers working <30 days: 0	Food Handlers with exemption: 2

Frozen Dessert

Frozen Dessert:	License Number:	Expiration Date:
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Overall Inspection Comments:

CAMLOYET@WUSTL.EDU
 email health policy

SCORE: 99	CORRECTED SCORE: 100
GRADE: A	CORRECTED GRADE: A

Signatures



 Cameron Loyet
 Owner



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 (314) 615-4033