

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 SEDARA		Inspection Date 06/03/2021	Time In 11:36 am	Time Out 12:05 pm	
Address 8011 MACKENZIE RD		City/State SAINT LOUIS, MO	Zip Code SAINT LOUIS,	Telephone () -	
License/Permit # PT0012940	Est. Number FA0008681	Permit Holder		Purpose of Inspection ROUTINE INSPECTION	Risk Category CATEGORY 1
Inspected by Cheyenne McCoy		EHS Number EE0000135	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 checked="" type="checkbox"/> N/O <input 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

_____ George Simon Owner	_____ EHS: Cheyenne McCoy () -
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

16 Proper disposition of returned, previously served and unsafe food
 IN OUT N/O N/A COS RPT

17 Insects, rodents and animals present, no unauthorized persons
 IN OUT N/O N/A COS RPT

18 Sewage, waste water disposal, no water
 IN OUT N/O N/A COS RPT

POTENTIALLY HAZARDOUS FOOD TIME/TEMPERATURE

19 Proper cooking
 IN OUT N/O N/A COS RPT

20 Proper reheating
 IN OUT N/O N/A COS RPT

21 Proper cooling
 IN OUT N/O N/A COS RPT

22 Proper hot holding
 IN OUT N/O N/A COS RPT

23 Proper cold holding
 IN OUT N/O N/A COS RPT

24 Time as a public health control
 IN OUT N/O N/A COS RPT

CONSUMER ADVISORY

25 Consumer advisory for raw or under cooked animal foods
 IN OUT N/O N/A COS RPT

HIGHLY SUSCEPTIBLE POPULATIONS

26 Pasteurized foods used
 IN OUT N/O N/A COS RPT

CHEMICALS

27 Food additives: labeled and properly used
 IN OUT N/O N/A COS RPT

28 Toxic substances: properly identified, stored, and used
 IN OUT N/O N/A COS RPT

APPROVED PROCEDURES AND DOCUMENTATION

29 HACCP plan, variance, and/or special procedures
 IN OUT N/O N/A COS RPT

30 Proper date marking, disposition, records for time as a control
 IN OUT N/O N/A COS RPT

HEPATITIS A IMMUNIZATION

31 Proof of hepatitis A immunization
 IN OUT N/O N/A COS RPT

32 Clear and concise record keeping
 IN OUT N/O N/A COS RPT

**GOOD RETAIL PRACTICES
 FOOD TEMPERATURE CONTROL**

33 Proper cooling methods; adequate equipment for temperature control; proper thawing methods
 OUT COS RPT

34 Plant food properly cooked for hot holding, and properly washed
 OUT COS RPT

35 Thermometers provided and accurate
 OUT COS RPT

FOOD IDENTIFICATION

36 Food properly labeled, original container
 OUT COS RPT

Signatures

George Simon
 Owner

EHS: Cheyenne McCoy
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**GOOD RETAIL PRACTICES
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	Comply by 9/1/2021
	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	

Violation Comments:

Observed wet wiping cloth being stored in reach-in-cooler.
 (3-304.14) Cloths in-use for wiping counters and other EQUIPMENT surfaces shall be:
 (1) Held between uses in a chemical sanitizer solution at a concentration specified under § 4-501.114; and
 (2) Laundered daily as specified under ¶ 4-802.11(D).

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	Comply by 9/1/2021
	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	

Violation Comments:

Observed unclean gaskets throughout the facility.
 Observed bottoms of reach-in-coolers unclean.
 (4-602.13) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be cleaned at a frequency necessary to preclude accumulation of soil residues.

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	Comply by 9/1/2021
	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	

Violation Comments:

Observed mop not hung to dry after use.
 (6-501.16) After use, mops shall be placed in a position that allows them to air-dry without soiling walls, EQUIPMENT, or supplies.

47	Adequate ventilation and lighting, designated areas provided/used	
	<input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	

Measured Observations

Item/Location	Measurement	Comments
Quat/3 comp sink	300.00 PPM	
Tomatoes/Make table	38.00 FAHRENHEIT	
Chicken/Make table	40.00 FAHRENHEIT	


Proof of Hepatitis A Immunization

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


Frozen Dessert

Frozen Dessert:	License Number:	Expiration Date:
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Signatures



 George Simon
 Owner



 EHS: Cheyenne McCoy
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Overall Inspection Comments:

gsimon5555@gmail.com

SCORE: **97**

CORRECTED SCORE: **0**

GRADE: **A**

CORRECTED GRADE: **N/A**

Signatures



George Simon
Owner



EHS: Cheyenne McCoy
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