


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 CHEF YO LLC | | Inspection Date 11/19/2022 | Time In 9:49 am | Time Out 10:17 am | |
| Address 5908 N LINDBERGH BLVD | | City/State HAZELWOOD, MO | | Zip Code | Telephone (314) 437-3272 |
| License/Permit # PT0013769 | Est. Number FA0009542 | Permit Holder | | Purpose of Inspection ROUTINE INSPECTION | |
| Inspected by ALLEN GILL | | EHS Number EE0000031 | | Risk Category CATEGORY 2 | |
| 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 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

| | |
|---|--|
|  _____ Yolanda Warren Owner |  _____ EHS: ALLEN GILL (314) 615-7312 |
|---|--|

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




Yolanda Warren
 Owner

EHS: ALLEN GILL
 (314) 615-7312

**GOOD RETAIL PRACTICES
PREVENTION OF FOOD CONTAMINATION**

| | | |
|----|---|---------------------|
| 37 | Contamination prevented during food preparation, storage, and display, employee cleanliness | Comply by 2/17/2023 |
| | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT | |

Violation Comments:

The one (1) food handler is wearing what appears to be a wristwatch or smart watch.

CODE REFERENCE:

(2-303.11) Except for a plain ring such as a wedding band, while preparing FOOD, FOOD EMPLOYEES may not wear jewelry including medical information jewelry on their arms and hands

CORRECTIVE ACTION: Remove all wristwear while engaged in food preparation and handling.

| | | |
|----|--|--|
| 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

| Item/Location | Measurement | Comments |
|--------------------------|-------------------|----------|
| reach-in cooler/kitchen | 39.00 FAHRENHEIT | |
| handwash sink/main | 113.00 FAHRENHEIT | |
| sliced ham/prep. area | 30.00 FAHRENHEIT | |
| reach-in freezer/kitchen | 20.00 FAHRENHEIT | |

Proof of Hepatitis A Immunization

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

Frozen Dessert


| | | |
|-----------------|-----------------|------------------|
| Frozen Dessert: | License Number: | Expiration Date: |
|-----------------|-----------------|------------------|

Overall Inspection Comments:


No Overall Inspection Comments

| | |
|------------------|-----------------------------|
| SCORE: 99 | CORRECTED SCORE: 0 |
| GRADE: A | CORRECTED GRADE: N/A |

Signatures



Yolanda Warren
Owner



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