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## **Gasconade County Health Department**

300 Schiller Street, Hermann, MO 65401 (573) 486-3129 FAX (573) 486-3745 County # 073

### **Food Inspection Report**

SITE NO. INV NO. IR NO. DATE INSPECTION TIME INSPECTOR
62 1 11/21/2024 2:10 PM - 2:50 PM Struttmann, Drew

SITE INFORMATION OWENSVILLE MOOSE LODGE 107 S 1ST ST OWENSVILLE MO 65066 573-437-3105

INVENTORY/MANAGER/OWNER 100 Restaurant Owner: OWENSVILLE MOOSE LODGE 573-437-3105 SERVICE TYPE/FREQUENCY
Regular Inspection
Low Priority

#### **COMMENTS**

CODE DESCRIPTION

998 Temperatures

Hot Water 112F
Sour Cream 36F, Juice 30F, Ranch 36F, Relish 38F
Pizza -7, Juice Concentrate -11F

**Education Provided OR Comments** 

All violations were corrected on the spot. Next inspection from GCHD will be in 2025.

Violations: Priority - 1 Core - 2

#### **PRIORITY VIOLATIONS SUMMARY**

CODEDESCRIPTIONCORRECTED40Utensils, equipment & linens:properly stored, dried, handled11/21/2024

#### **CORE VIOLATIONS SUMMARY**

CODE	DESCRIPTION	CORRECTED
8	Adequate handwashing facilities supplied & accessible	11/21/2024
44	Warewashing facilities:	11/21/2024

#### **PRIORITY VIOLATIONS DETAIL**

# CODE **DESCRIPTION** 40 Utensils, equipment & linens:properly stored, dried, handled 4-202.11 Observed rubber scraper that was flaking apart. (Corrected 11/21/24) Multiuse food-contact surfaces shall be: (1) Smooth; (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections. **CORE VIOLATIONS DETAIL** CODE **DESCRIPTION** 8 Adequate handwashing facilities supplied & accessible 6-301.14 Observed no handwashing signage in restrooms. (Corrected 11/21/24) A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks and shall be easily visible. 44 Warewashing facilities: installed, maintained, used; test strips used 4-302.14 Observed no test kit for sanitizing warewashing rinse. (Corrected 11/21/24) A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided. I HEREBY, ACKNOWLEDGE THE ISSUANCE AND RECEIPT OF THIS OFFICIAL Food Inspection Report.

**OWNER / MANAGER SIGNATURE** 

**Drew Struttmann, EPHS Inspector 1881**