



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
26	1		06/16/2026	9:30 AM - 10:15 AM	Struttmann, Drew

SITE INFORMATION
BOGEY'S
201 1ST ST
OWENSVILLE MO 65066
573-437-2900

INVENTORY/MANAGER/OWNER
100 Restaurant
Owner:
BOGEY'S
573-437-2900

SERVICE TYPE/FREQUENCY
Regular Inspection
Medium Priority

COMMENTS

<u>CODE</u>	<u>DESCRIPTION</u>
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998	Temperatures
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Hot Water 116F
Chicken 11F, Tater Tos 8F, Pizza -6F, Ice Cream -4F, Fries 6F, Cheese 41F, Bacon 41F

999	Education Provided OR Comments
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All violations corrected on the spot.

Violations: Priority - 1 Core - 1

PRIORITY VIOLATIONS SUMMARY

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CORRECTED</u>
26	Toxic substances properly identified, stored & used	06/16/2026

CORE VIOLATIONS SUMMARY

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CORRECTED</u>
8	Adequate handwashing facilities supplied & accessible	06/16/2026

PRIORITY VIOLATIONS DETAIL**CODE** **DESCRIPTION**

26 Risk Factors and Interventions

Observed spray bottle without identification. (Corrected 06/16/26)

7-102.11 Common Name. Working containers used for storing poisonous or toxic materials such as cleaners and sanitizers taken from bulk supplies shall be clearly and individually identified with the common name of the material.

CORE VIOLATIONS DETAIL**CODE** **DESCRIPTION**

8 Risk Factors and Interventions

Observed no paper towels and handwash station. (Corrected 06/16/26)

6-301.12 Hand Drying Provision. Each handwashing sink or group of adjacent handwashing sinks shall be provided with:
 (A) Individual, disposable towels;
 (B) A continuous towel system that supplies the user with a clean towel; or
 (C) A heated-air hand drying device; or
 (D) A hand drying device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures.

I HEREBY, ACKNOWLEDGE THE ISSUANCE AND RECEIPT OF THIS OFFICIAL Food Inspection Report._____
Drew Struttman, EPHS Inspector 1881_____
OWNER / MANAGER SIGNATURE