FOOD ESTABLISHMENT INSPECTION REPORT

**Environmental Section**

**Establishment Name:** Comfort Inn Suites  
**Owner:** Pete Patel  
**Person in Charge:** Mike Bradford

**Address:** 2904 Old Orchard, Jackson 63755

**City/Zip:** Jackson 63755  
**Phone:** 573-204-0014  
**Fax:** 573-704-0203

**Establishment #:** 5250  
**County:** 031

**Establishment Type:**  
- BAKERY
- RESTAURANT
- C. STORE
- SCHOOL
- CATERER
- SENIOR CENTER
- DELI
- SUMMER F.P.
- GROCERY STORE
- INSTITUTION
- TAVERN
- TEMP.FOOD
- MOBILE VENDORS

**Purpose:**  
- Pre-opening
- Routine
- Follow-up
- Complaint
- Other

**Frozen Dessert:**  
- Approved: Yes  
- Disapproved: Yes

**Sewage Disposal:**  
- Public

**Water Supply:**  
- Community

**Sewage Disposal:**  
- Private

**Non-Community:**  
- Compost

**Date Sampled:**  
- Results

**RISK FACTORS AND INTERVENTIONS**

**Risk Factors** are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent foodborne illness or injury.

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Demonstration of Knowledge</th>
<th>COS</th>
<th>R</th>
<th>Compliance</th>
<th>Potentially Hazardous Foods</th>
<th>COS</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN</td>
<td>Person in charge present, demonstrates knowledge, and performs duties</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td>Proper cooking, time and temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Employee Health</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td>Proper reheating procedures for hot holding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Management awareness; policy present</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td>Proper cooling time and temperatures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Proper use of reporting, restriction and exclusion</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td>Proper hot holding temperatures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Good Hygienic Practices</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td>Proper cold holding temperatures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Proper eating, tasting, drinking or tobacco use</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td>Time as a public health control (procedures / records)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>No discharge from eyes, nose and mouth</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Preventing contamination by hands</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Adequate handwashing facilities supplied &amp; accessible</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Approved source</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Food obtained from approved source</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Food received at proper temperature</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Food in good condition, safe and unadulterated</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Required records available: shellfish tags, parasite destruction</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Protection from contamination</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Food separated and protected</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Food-contact surfaces cleaned &amp; sanitized</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Good Retail Practices**

- Pasteurized eggs used where required
- In-use utensils: properly stored
- Water and ice from approved source
- Single-use/single-service articles: properly stored, used
- Gloves used properly
- Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
- Warewashing facilities: installed, maintained, used; test strips used
- Nonfood-contact surfaces clean
- Hot and cold water available; adequate pressure
- Plumbing installed; proper backflow devices
- Sewage and wastewater properly disposed
- Toilet facilities: properly constructed, supplied, cleaned
- Garbage/refuse properly disposed; facilities maintained
- Physical facilities installed, maintained, and clean

**Date:** 09-10-2015

**Inspector:** [Signature]

**Telephone No.:** 573-335-7846

**EPSH No.:** 1129

**Follow-up:** Yes

**Follow-up Date:** 9-15-2015

**CCID (10-13):** 496-031-6730-004-0000
## Environment Section

**Food Establishment Inspection Report**

**Establishment Name:** Comfort Inn Suites  
**Address:** 2904 Old Orchard  
**City/zip:** Jackson 63755

<table>
<thead>
<tr>
<th>Code Reference</th>
<th>Priority Items</th>
<th>Correct by (date)</th>
<th>Initial</th>
</tr>
</thead>
</table>

### Core Items

- 4-302.12 no cook's thermometer  
- 4-904.11 cases of single service supplies on floor of storeroom  
- 4-602.13 Storage areas in conference room soiled and cluttered  
- 3-304.14 Wiping cloths not stored in sanitizer  
- 4-501.11 Formica strips coming loose from kitchen cabinets  
- 4-501.11 Gasket torn on freezer door  
- 6-501.11 damaged wall - access for harborage  
- 4-501.14 Calcium deposits on warewashing sinks and fixtures  
- 6-301.11 no soap at kitchen handsink - corrected

- 6-301.14 warewashing sinks and drainboards soiled  
- 6-301.12 no paper towels in men's room - corrected

### Education Provided or Comments

**Person in Charge /Title:**  
**Date:** 09-10-2015  
**Inspector:**  
**Telephone No.:** 573-335-7846  
**EPHS No.:** 1129  
**Follow-up:** Yes  
**Follow-up Date:** 9-15-2015