

Missouri Department of Health and Senior Service
 Bureau of Environmental Health Services
 Food Establishment Pre-Opening Checklist

Date: 4-6-22

New Establishment

Change of Owner

Establishment/Vendor Information

Establishment/Vendor Name: Stakline Restaurant

Address: 14605 B US 63 City: Shaver State: MO Zip: 65791

Phone: 417 821 1006 Fax: _____ E-mail: _____

Days of Operation: Every day Hours of Operation: 11a-10p M-Sa

Number of employees (both full-time and part-time): 15 Total amount of square footage for the building: 2000

SERVICE TYPE

Please check one or more boxes to indicate the type of service you will offer:

| | | | | | | | |
|---------------------------------|---|----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Buffet | <input checked="" type="checkbox"/> Table | <input type="checkbox"/> Counter | <input type="checkbox"/> Drive-thru | <input type="checkbox"/> Delivery | <input type="checkbox"/> Catering | <input type="checkbox"/> Carry out | <input type="checkbox"/> Samples |
|---------------------------------|---|----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|----------------------------------|

The pre-opening inspection checklist is used by this agency as a tool to assist in determining a Food Establishment's eligibility to operate. The food establishment still must comply with all the requirements of the Missouri Food Code. In the event there is a conflict or a discrepancy between the Food Code and the pre-opening inspection checklist, the Food Establishment must comply with the Food Code.

| Item | Yes | No | N/A |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. Water Source/Capacity | | | |
| A. Community | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Non-Community & Private (sample results satisfactory) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. Adequate supply (hot & cold under pressure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Approved backflow/back siphonage devices in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sewage Disposal | | | |
| A. Public | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Private | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. Grease trap/interceptor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Adequate restroom available | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Premises | | | |
| A. Graded to drain and maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Outdoor cooking properly protected | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Floors | | | |
| A. Grease resistant, easily cleanable and in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Coved floor-wall juncture | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Walls/Ceilings | | | |
| A. Constructed of smooth and easily cleanable, nonabsorbent materials | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. No beams or no piping is exposed in food preparation and storage areas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Hand sinks | | | |
| A. Hand sinks provided in the following areas: | | | |
| - Food preparation area(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dishwashing area(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Busing, wait station, service area(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Bar area(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Hot water (>100°F), drying device, waste basket and signage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Three Compartment Sink | | | |
| A. Three compartment sink, with drain stoppers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Hot and cold running water supplied to all compartments | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Adequate drain boards provided or drying racks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Indirectly plumbed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Dishwasher | | | |
| A. Dishwashing machine provides a final hot water sanitizing rinse to code | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Dishwashing machine sanitizes with a chemical sanitizer to code, alarm present | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Food Preparation Sink Provided, indirect plumbing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Service Sink (Mop Sink) provides hot and cold running water | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|-------------------------------------|--------------------------|-------------------------------------|
| 11. Test Strips for Chemical Sanitizer | | | |
| A. Test strips provided | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of sanitizer: Chlorine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Buckets/spray bottles for wiping cloths provided | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of sanitizer: Chlorine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Refrigeration/Freezer Units | | | |
| A. Capable of cold holding to 41°F | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Sufficient capacity | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Hot Holding Units | | | |
| A. Capable of hot holding to 135°F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Sufficient capacity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Temperature Measuring Devices | | | |
| A. Located in hot and cold holding units | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Available for food monitoring (0° - 220°F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Storage Areas | | | |
| A. Shelves easily cleanable and properly constructed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Shelving provided to store items 6 inches above floor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have major renovations occurred? What type (plumbing, electrical, new equipment, etc)? | | | |
| <i>All new Equipment ; Remodel</i> | | | |
| 17. Equipment | | | |
| A. Good condition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Properly spaced for easy cleaning | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Food Contact & Non-Food Contact Surfaces | | | |
| A. Good condition, smooth and easily cleanable | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Washed and sanitized | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Toxic Materials | | | |
| A. Storage location away from food and food related items | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Proper labeling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Ventilation | | | |
| A. Hood system adequate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Hood system clean | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Pest Control | | | |
| A. Establishment free from rodents and insects | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Outer openings properly protected | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Professional pest control provided | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Lighting | | | |
| A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Light fixtures properly shielded in food prep and storage areas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Refuse | | | |
| A. Outside trash receptacle, provided with tight fitting lid, maintained in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Inside trash receptacle(s), capacity, maintained in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Demonstration of Knowledge | | | |
| A. Person-In-Charge has a certificate in Food Handling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Person-In-Charge is able to demonstrate knowledge of foodborne diseases, HACCP, food safety, proper food handling, etc | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Consumer Advisory | | | |
| A. Disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Reminder | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Special Process | | | |
| A. HACCP plan in place | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B. Recordkeeping in place | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*Complete inspection report to document pre-opening inspection. This checklist is meant only to serve as a reminder for the inspector; it does not replace the inspection report or knowledge of the rule.