

Columbia/Boone County Department of Public Health and Human Services Food Establishment Inspection Report											
ESTABLISHMENT NAME THE SHOT BAR				CITY <input type="checkbox"/> COUNTY <input type="checkbox"/>		PUBLIC HEALTH PRIORITY Low		DATE OF INSPECTION 09/25/2020			
ADDRESS 100 S NINTH						TIMEIN 08:25 PM		TIMEOUT 08:40 PM			
CITY/ZIP Columbia 65201				PHONE		WATER SUPPLY <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE					
PERSON IN CHARGE (PIC)				FAX		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> ONSITE					
ESTABLISHMENT TYPE <input type="checkbox"/> RESTAURANT <input type="checkbox"/> CONY. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> DAYCARE <input checked="" type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> GROCERY <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> BAKERY <input type="checkbox"/> PROCESSOR <input type="checkbox"/> MEAT CUTTING <input type="checkbox"/> DELI <input type="checkbox"/> SEASONAL <input type="checkbox"/> SNACK BAR OTHER _____				PURPOSE <input type="checkbox"/> ROUTINE <input type="checkbox"/> COMPLAINT <input type="checkbox"/> REINSPECTION <input type="checkbox"/> PRE-OPENING <input type="checkbox"/> REINSPECTION WITH FEE <input type="checkbox"/> EMERGENCY RESPONSE <input checked="" type="checkbox"/> OTHER		GREASE TRAP <input type="checkbox"/> YES <input type="checkbox"/> NO Date last cleaned: <input type="checkbox"/> \$110 Reinspection fee applies _____ PIC initials					
IR =INFRARED THERMOMETER			NRI =NEXT REGULAR INSPECTION			RI=REACH IN		WI=WALK-IN			
FOOD ITEM		°F	IR	LOCATION		FOOD ITEM		°F	IR	LOCATION	

CRITICAL ITEMS										
CODE REFERENCE	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.									CORRECT BY

NON-CRITICAL ITEMS										
CODE REFERENCE	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected bv the next renular inspection or as stated.									CORRECT BY

EDUCATION PROVIDED AND/OR COMMENTS									
Compliance check. Upon inspection groups were not socially distanced. Discussed with person in charge submitting									
an operational plan for bar seating to allow for social distancing between parties.									

CRITICAL ITEMS 0 NON-CRITICAL ITEMS 0

RECEIVED BY				DATE 09/25/2020	
EHS Megan West		FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE OF FOLLOW-UP	

WHEN REMODELING A FOOD SERVICE ESTABLISHMENT, PLANS MUST BE SUBMITTED TO THE HEALTH DEPARTMENT FOR APPROVAL BEFORE REMODELING BEGINS.

The following is applicable only if box is checked:

☐ **Your operating permit is hereby suspended.** Upon receipt of written statement that all violations have been corrected, a reinspection will be conducted to determine your eligibility for permit reinstatement. You may appeal the suspension by filing a written request for a hearing to the Director of Health within 10 days of the suspension (8-305.12)

☐ **Your operating permit is hereby reinstated.**