



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 2:00p	TIME OUT 2:30p
PAGE 1	of 1

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: County Road Coffee-Hitred	OWNER: Heston + Ashlyn Jordan	PERSON IN CHARGE: Ashlyn Jordan
ADDRESS: 14238 Hwy CC	COUNTY: Dent	
CITY/ZIP: Salem 65560	PHONE: 417-699-6315	FAX:
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT	<input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> DELI <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input checked="" type="checkbox"/> MOBILE VENDORS
PURPOSE <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE 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.

Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
Employee Health				IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
Good Hygienic Practices				IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				Consumer Advisory			
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source				Chemical			
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated			Conformance with Approved Procedures			
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
Protection from Contamination				The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable COS = Corrected On Site R = Repeat Item			
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
		Pasteurized eggs used where required					In-use utensils: properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control				Single-use/single-service articles: properly stored, used					
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used			Utensils, Equipment and Vending				
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification				Warewashing facilities: installed, maintained, used; test strips used					
		Food properly labeled; original container					Nonfood-contact surfaces clean		
Prevention of Food Contamination				Physical Facilities					
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed		
		Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: Ashlyn Jordan	Date: 8-22-2022
Inspector: Dana Jones EPHS II	Telephone No. 781-3106X106
EPHS No. 1168	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

Date: 8-22-2022

New Establishment

Change of Owner

Establishment/Vendor Information
Establishment/Vendor Name: Country Road Coffee - Hitched
Address: 4238 Hwy 10 City: Salem State: MO Zip: 65560
Phone: 417-644-12315 Fax: _____ E-mail: _____
Days of Operation: Varies Hours of Operation: Varies

Number of employees (both full-time and part-time): 2 Total amount of square footage for the building: _____

SERVICE TYPE

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

<input type="checkbox"/> Buffet	<input type="checkbox"/> Table	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Drive-thru	<input type="checkbox"/> Delivery	<input type="checkbox"/> Catering	<input type="checkbox"/> Carry out	<input type="checkbox"/> Samples
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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			
B. Non-Community & Private (sample results satisfactory)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adequate supply (hot & cold under pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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			
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Premises			
A. Graded to drain and maintained			
B. Outdoor cooking properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Floors			
A. Grease resistant, easily cleanable and in good repair			
B. Covered 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Busing, wait station, service area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Bar area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Dishwasher			
A. Dishwashing machine provides a final hot water sanitizing rinse to code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Dishwashing machine sanitizes with a chemical sanitizer to code, alarm present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Food Preparation Sink Provided, indirect plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Service Sink (Mop Sink) provides hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

swiffer thru
Anty heads



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

Item	Yes	No	N/A
11. Test Strips for Chemical Sanitizer			
A. Test strips provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: <u>Chlorine</u> Quat Iodine			
B. Buckets/spray bottles for wiping cloths provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: <u>Chlorine</u> Quat Iodine			
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 checked="" type="checkbox"/>
B. Sufficient capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Hood system clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.