



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

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

ESTABLISHMENT NAME Current River Kitchen LLC		ADDRESS 1501 S. Main St.		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. **These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.**

Code Reference	CORE ITEMS	Correct by (date)	Initial
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Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). **These items are to be corrected by the next regular inspection or as stated.**

approved to open

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Erin Sloan</i>	Date: 8-31-2022
Inspector: <i>Jane Jones EPHS II</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Telephone No. 127-3106 X106	Follow-up Date:
EPHS No. 1168	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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TIME IN 12:00A	TIME OUT
PAGE 1 of 1	

ESTABLISHMENT NAME Current River Kitchen LLC	ADDRESS 1501 S. Main St.	CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/ LOCATION	TEMP.
Shell eggs Whirlpool	31°		
Lettuce mix "	41°		
Ambient temp glass front fridge	41°		
ham prep table fridge	39°		

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. **These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.**

Code Reference	CORE ITEMS	Correct by (date)	Initial
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Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). **These items are to be corrected by the next regular inspection or as stated.**

0222.15	Dbs: sliding door with gap underneath.	8-31-22	
	Dbs: prep table thermometer broken	8-31-22	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>[Signature]</i>	Date: 8-31-2022
Inspector: <i>[Signature]</i> EPHS II	Telephone No. <i>[Number]</i>
	EPHS No. <i>[Number]</i>
	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: <i>[Date]</i>



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

Date: 8-31-2022

New Establishment

Change of Owner

Establishment/Vendor Information

Establishment/Vendor Name: Current River Kitchen LLC
 Address: 1501 S. Main St. City: Salem State: MO Zip: 65560
 Phone: 573-453-2888 Fax: _____ E-mail: _____
 Days of Operation: Wed-Sun. Hours of Operation: 10:30A-7pm.

Number of employees (both full-time and part-time): _____ 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 checked="" type="checkbox"/> Counter	<input type="checkbox"/> Drive-thru	<input type="checkbox"/> Delivery	<input checked="" type="checkbox"/> Catering	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Grease trap/interceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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			
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)			
- 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 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			
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			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Type of sanitizer: Chlorine 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sufficient capacity	<input checked="" 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)?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Professional pest control provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Lighting			
A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas <u>shatter proof bulbs</u>	<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"/>

-sliding door needs weather strip

*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.