



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

TIME IN: 10:50A TIME OUT: 12:20p.  
PAGE 1 of 2

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: Green Forest R-II School OWNER: Green Forest R-II PERSON IN CHARGE: Theresa Enloe  
ADDRESS: 6111 Hwy F COUNTY: Dent  
CITY/ZIP: Salem 65560 PHONE: 787-3902 FAX: 789-4842 P.H. PRIORITY:  H  M  L  
ESTABLISHMENT TYPE:  BAKERY  C. STORE  CATERER  DELI  GROCERY STORE  INSTITUTION  
 RESTAURANT  SCHOOL  SENIOR CENTER  TEMP. FOOD  TAVERN  MOBILE VENDORS  
PURPOSE:  Pre-opening  Routine  Follow-up  Complaint  Other  
FROZEN DESSERT:  Approved  Disapproved  Not Applicable License No. \_\_\_\_\_  
SEWAGE DISPOSAL:  PUBLIC  PRIVATE Date Sampled \_\_\_\_\_ Results: DNR Regulated  
WATER SUPPLY:  COMMUNITY  NON-COMMUNITY  PRIVATE Date Sampled \_\_\_\_\_ Results: DNR Regulated

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			IN OUT N/A	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						
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						

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      N/O = not observed  
COS = Corrected On Site      R = Repeat Item

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: Theresa Enloe Date: 11-28-2022  
Inspector: Roma Jones EPHS II Telephone No. 789-3106 x 106 EPHS No. 1163 Follow-up:  Yes  No  
Follow-up Date: 12-12-2022



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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**FOOD ESTABLISHMENT INSPECTION REPORT**

TIME IN 11:50A	TIME OUT 12:20P
PAGE 2 of 2	

ESTABLISHMENT NAME Green Forest R-II		ADDRESS 6111 Hwy F		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Sloppy joes Svg. line		142°	milk carton old milk cooler		38°
cheese sticks oven		140°	milk carton new milk cooler		30°
broccoli + cheese stove		140°	apples Supera cooler		33°
shell eggs Manitowoc		39°			
Sloppy Joe Beverage Air.		34°			

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.**

4-20.11	Obs: Two rubber spatulas with chipping around the edges voluntarily thrown away	COS	TE

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.**

4-904.11	Obs: sponges stored wrong side up on top of first microwave.	COS	TE
3-305.12(G)	Obs: Container of food in walk in freezer that water had dripped and froze on top. Voluntarily thrown away.	COS	TE
6-202.11(A)	Obs: bulbs above kitchen supplies in storage room - not sure if they are shatterproof bulbs. will change	12/22/22	TE

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Theresa Onloe		Date: 11-28-2022
Inspector: Dana Jones EPHS #	Telephone No. 781-516-1166	EPHS No. 1168
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date: 12-12-2022

Temp Rite Dishwasher Temperature Test Strip  
 PASS WHEN BLUE BAR TURNS ORANGE 180°F  
 ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA (82°C)

TAYLOR 8747  
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TIME IN 1:30A	TIME OUT 4:35A
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ADDRESS: 6111 Hwy F	PHONE: 729-3902	COUNTY: Dent
CITY/ZIP: Salem 65560	FAX: 729-4842	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
APPROVED DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE <i>DNR Regulated</i>	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled _____ <i>DNR Regulated</i>

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Person in Charge / Title: Ineresa Enloe	Date: 12-12-2022
Inspector: Dorinda Jones EPHS II	Telephone No.: 729-3106 x106
EPHS No.: 1162	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: