



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

TIME IN: 11:00A TIME OUT: 11:55A  
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: Northwood R-4 OWNER: R-4 School District PERSON IN CHARGE: Shiloh Derennaux  
 ADDRESS: 3734 N. Hwy 19 COUNTY: Dent  
 CITY/ZIP: Salem 65560 PHONE: 729-4607 FAX: 729-8741 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 DNR Regulated  
 WATER SUPPLY  COMMUNITY  NON-COMMUNITY  PRIVATE Results: DNR Regulated  
 Date Sampled \_\_\_\_\_

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						
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: Shiloh Derennaux Date: 12-2-2002  
 Inspector: Shiloh Derennaux Telephone No. 729-3106 x106 EPHS No. 1163  
 Follow-up:  Yes  No  
 Follow-up Date: 12-12-2002



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ESTABLISHMENT NAME Northwood R-4 School		ADDRESS 3734 N. Hwy 19		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Cheeseburger serving line		115°/231°	Ham slices Dr Pepper cooler		42°
French fries " "		168°	milk cartons w/leak in cooler		40°
Cheeseburgers out of oven		135°	Amer cheese slices " " "		40°
Cheeseburgers in oven		231°	milk milk cooler		40°
Carrots Dr. Pepper cooler		39°	Orange juice " "		41°

Code Reference	PRIORITY ITEMS 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.	Correct by (date)	Initial
5-501.16A	Obs: Cheeseburger on serving line 115° reheated to 231° in oven	COS	JD
4-601.11A	Obs: Inside Dr. Pepper cooler has debris on bottom shelf.	COS	JD
3-501.17	Obs: Little sandwiches, open bag of lettuce etc. not date labeled. Voluntarily thrown away	COS	JD
4-501.114	Obs: dishwasher not testing positive for sanitizer. Will use styrofoam trays until fixed, will use 3vat sink for pots and pans etc. Head cook will call me.	OK 12-2-2002	JD

Code Reference	CORE ITEMS 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.	Correct by (date)	Initial
5-501.18	Obs: hand sink dirty.	OK 12-2-2002	JD
5-501.116	Obs: trash can at hand sink dirty	OK 12-2-2002	JD
5-501.18	Obs: 3vat sink has debris.	OK 12-2-2002	JD
4-602.12	Obs: inside of microwave dirty	COS	JD

EDUCATION PROVIDED OR COMMENTS  
 Head cook was out sick all last week had a substitute cook.

Person in Charge / Title: *Shirley DePenna* Date: 12-2-2002  
 Inspector: *Edna Jones EPHS II* Telephone No. 784-2106x106 EPHS No. 1168  
 Follow-up:  Yes  No  
 Follow-up Date: 12-12-2002



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TIME IN 10:38A	TIME OUT
PAGE 1	of 1

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ADDRESS: 3734 N. Hwy 19	COUNTY: Dent	
CITY/ZIP: Salem 65560	PHONE: 721-4607	FAX: 729-8741
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		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" 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 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 Results</i>

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							Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Shiloh Derennaux</i>	Date: <i>12-12-2022</i>
Inspector: <i>Carma Jones EPHS II</i>	Telephone No.: <i>721-3106 x106</i>
EPHS No.: <i>1168</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: <i>70</i>