

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

TIME IN A TIME OUT 5A

WITH ANY TIME LIM	PECTION THIS DAY, THE ITEMS NOTED BELOW IDEN PECTION, OR SUCH SHORTER PERIOD OF TIME AS ITTS FOR CORRECTIONS SPECIFIED IN THIS NOTIC	S MAY RE SP	FOILE		ITINC DV T	THE DECLUA	TODY AUTHODITY FAILURE TO	CTED B	Y THE Y
DIENKO	Maple School OWNER:	00.0	Schi		Dist		PERSON IN CHARGE:		
ADDRESS:	00 W. Tiger Pride Driv	e					COUNTY: Dent		
CITY/ZIP:	n 65568 PHONE:-6	642	FA	X:			P.H. PRIORITY : H	мП	L
ESTABLISHMENT TYP BAKERY RESTAURAN PURPOSE		DELI EMP. FOOD		GROCE	ERY STOR		STITUTION DBILE VENDORS		
Pre-opening	Routine Follow-up Complaint	Other							
FROZEN DESSE Approved Disa License No.	RT SEWAGE DISF pproved Not Applicable PUBLIC PRIVATE	POSAL		TER SU COMMI			-COMMUNITY	TE ts	
Pick factors are for		ACTORS AN							
loodborne liness ou	od preparation practices and employee behaviors most of the termination of terminatio of terminatio of termination of termination of termi	commonly rep ures to prever	orted to	the Cent orne illne	ters for Dis ss or injury	ease Control a	and Prevention as contributing fact	ors in	
Compliance IN OUT	Demonstration of Knowledge Person in charge present, demonstrates knowledge	cos e.		OUT N	e N/O N/A		otentially Hazardous Foods ing, time and temperature	CO	S R
-	and performs duties Employee Health			OUT			eating procedures for hot holding		
IN OUT	Management awareness; policy present		IN	OUT	1/0 N/A	Proper cooli	ng time and temperatures		
~	Proper use of reporting, restriction and exclusion Good Hygienic Practices			OUT N	N/O N/A N/A	Proper hot h Proper cold	olding temperatures holding temperatures		-
IN OUT N/O	Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose and mouth			OUT N	V/O N/A	Proper date	marking and disposition		
9			IN	001 1	N/O IN/A	records)	ublic health control (procedures /		
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed		IN	OUT	N/A		Consumer Advisory dvisory provided for raw or		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					undercooked Hig	hly Susceptible Populations		
INOUT	Adequate handwashing facilities supplied & accessible		IN	OUT N	I/O N/A	Pasteurized offered	foods used, prohibited foods not		
IN OUT	Approved Source Food obtained from approved source		IN	OUT	(N/A)		Chemical		
IN OUT N/O N/A	Food received at proper temperature			OUT	IN/A	Toxic substa	es: approved and properly used nces properly identified, stored and	1	
IN OUT	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasit destruction	e	IN	OUT	N/A	Conform	ance with Approved Procedures with approved Specialized Process		
IN OUT N/A	Protection from Contamination Food separated and protected		The	e letter to	the left of		icates that item's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & sanitized		ins	pection.	compliance		OUT = not in compliance	or the	
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			V/A = not	applicable	9	N/O = not observed R = Repeat Item		
		GOOD RETAIL	L PRAC	TICES					
IN OUT	Good Retail Practices are preventative measures to on Safe Food and Water	COS R	oduction	OUT	ogens, che	micals, and pl	nysical objects into foods.		
Pas Not	teurized eggs used where required er and ice from approved source		V		In-use ute	ensils: properly	r Use of Utensils y stored	COS	R
Val			V		Utensils, handled	equipment and	d linens: properly stored, dried,		
Ade	Food Temperature Control quate equipment for temperature control		V		Single-us	e/single-servic	ce articles: properly stored, used		
L App	roved thawing methods used		P			sed properly Utensils, Eq	uipment and Vending		
I Iner	rmometers provided and accurate		V	•	Food and designed.	nonfood-cont constructed,	act surfaces cleanable, properly		
	Food Identification		V			hing facilities:	installed, maintained, used; test		
Food	d properly labeled; original container		V			contact surfac			
Inse	Prevention of Food Contamination cts, rodents, and animals not present		V		Hot and c	Physiold water avai	sical Facilities lable; adequate pressure		
and	tamination prevented during food preparation, storage display		V		Plumbing installed; proper backflow devices				
Pers	sonal cleanliness: clean outer clothing, hair restraint,		1/		Sewage a	and wastewate	r properly disposed		
Wipi	ng cloths: properly used and stored		K		Toilet faci	lities: properly	constructed, supplied, cleaned		
Fruit	s and vegetables washed before use		V	-	Garbage/	refuse properly	y disposed; facilities maintained ed, maintained, and clean		
Person in Charge /	Title:				. Hysioar I	Date:	11-14-202	32	
Inspector:	THE POHSTP I left	phone No.	VII	YE	PHS No.				C
MO 580-1814 (11-14)	DISTRIBUTION: WHITE	- OWNER'S COP	XIL	C	ANARY - FILE		v-up Date:		E6.37



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TIME IN DA TIME OUTSA PAGE 2 of 2

Salem K-BD Middle School	ADDRESS	1. Tiger Pide Drive CTG Salen	ZIP 655	10
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/ LOCATION	TEMP	
Chickennuggets oven	2210	Ranch Dressing The Cooler	28	0
Com w over	180	Salad The cooler	35	0
Mill(Carton Millecooler	300	milk canon Walk in cooler	33	0
mitanch The refina.	200		Y	
Code	PRI	ORITY ITEMS	Correct by	Initial
Reference Priority items contribute directly to the elin or injury. These items MUST RECEIVE II	nination, prevention or in MMEDIATE ACTION w	reduction to an acceptable level, hazards associated with foodborne illness /ithin 72 hours or as stated.	(date)	iniuai
	4/2	X		
			C. A. S.	
				-
Code				
Reference Core items relate to general sanitation one	rational controls faciliti	RE ITEMS ies or structures, equipment design, general maintenance or sanitation	Correct by I (date)	nitial
Standard operating procedures (SSOPs). 1	hese items are to be	corrected by the next regular inspection or as stated.	(unic)	
			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Claufication Still n	egled on	Ecolab New Sink and Surface	~1	
Cleaner Sanitizer,	Need to	Know proper concentration,	A	1.1
	EDUCATION	ROVIDED OR COMMENTS		
0	LUGOATION P			
()				
Person in Charge /Title:		Date: 11-14	-2022	7
nspector: Childh FDHS T	Telephon	e/No. VIO EPHS No. Follow-up:	Yes D	No
AO 580-1814 (11-14) DIS	TRIBUTION: WHITE - OWNER	TO ATUS TOD Follow-up Date:		
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