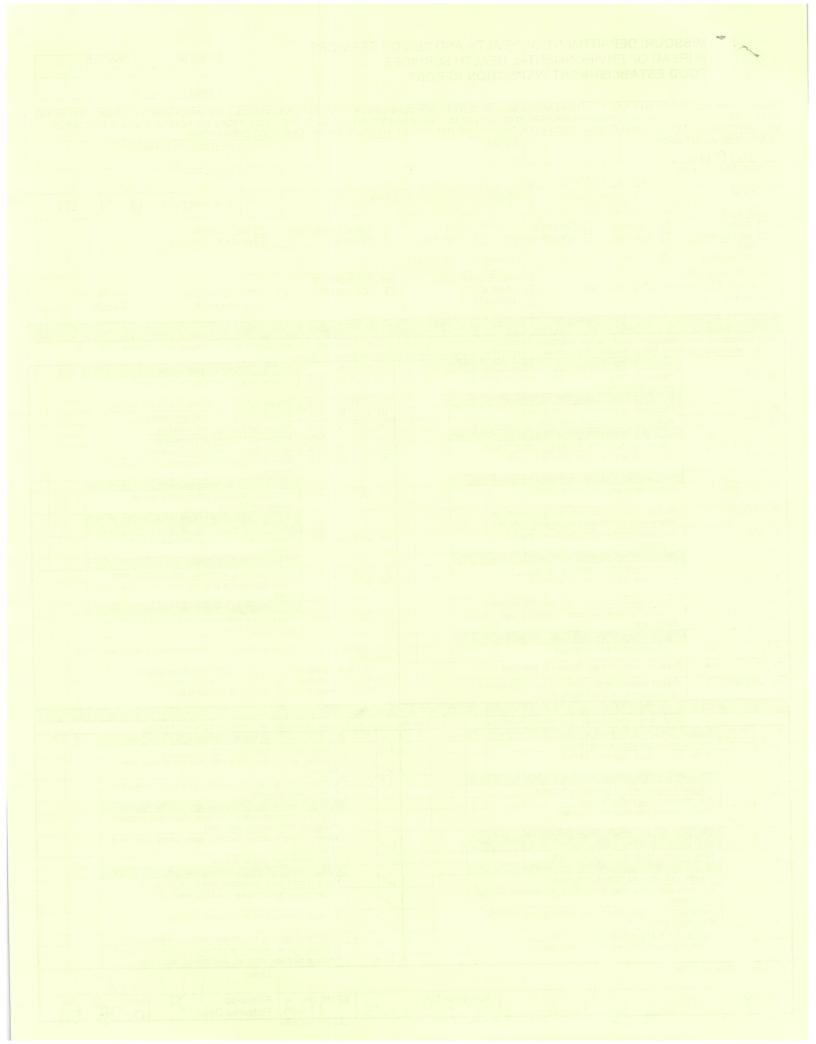


## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU CF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN350	TIME OUT 50
PAGE 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, CR 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 BESILT IN OFFICIATION FOR 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: OWNER: O					
ADDRESS: 36264 HWY 72 COUNTY: Dent					
CITY/ZIP: Salen 65560 PHONE: - 8350 FAX: P.H. PRIORITY: # H M L					
ESTABLISHMENT TYPE       ESTABLISHMENT TYPE         BAKERY       C. STORE         RESTAURANT       SCHOOL         SCHOOL       SENIOR CENTER         TEMP. FOOD       TAVERN         MOBILE VENDORS					
Pre-opening Routine Follow-up Complaint					
FROZEN DESSERT       SEWAGE DISPOSAL         Dapproved Disapproved Disapproved Disapproved Dispose       PUBLIC         Dicense No.       PRIVATE         Description       PRIVATE					
RISK F	ACTORS ANI		5		
Risk factors are food preparation practices and employee behaviors most foodborne illness outbreaks. Public health interventions are control mea	sures to prevent	Toodborne illness or in	njury.		
Compliance         Demonstration of Knowledge           IN OUT         Person in charge present, demonstrates knowled and performs duties	ge,	R Compliance	Potentially Hazardous Foods         COS         R           A         Proper cooking, time and temperature		
IN OUT Management awareness; policy present		IN OUT N/O N/			
IN OUT Proper use of reporting, restriction and exclusion Good Hygienic Practices		IN OUT N/O N/	A Proper hot holding temperatures		
IN         OUT         N/O         Proper eating, tasting, drinking or tobacco use           IN         OUT         N/O         No discharge from eyes, nose and mouth		IN OUT N/A	A Proper date marking and disposition		
Preventing Contamination by Hands		IN OUT N/O N/	records)		
IN OUT N/O Hands clean and properly washed		IN OUT N/A	Consumer Advisory 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		
accessible		IN OUT N/QN/A	offered		
IN OUT Food obtained from approved source	-	IN OUT N/A	Chemical Food additives: approved and properly used		
		IN OUT	Toxic substances properly identified, stored and used		
IN OUT N/O N/A Required records available: shellstock tags, parasi destruction	OUT         Food in good condition, safe and unadulterated         Conformance with Approved Procedures           OUT         N/O         Required records available: shellstock tags, parasite destruction         IN         OUT         N/A         Compliance with approved Specialized Process and HACCED along				
Protection from Contamination IN OUT N/A Food separated and protected		The letter to the lef	t of each item indicates that item's status at the time of the		
IN OUT N/A Food-contact surfaces cleaned & sanitized		IN = in complia	nce OUT = not in compliance		
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food		N/A = not applica	Able         N/O = not observed           On Site         R = Repeat Item		
Good Retal Practices are preventative measures to	GOOD RETAIL	PRACTICES			
IN OUT Safe Food and Water Pasteurized eggs used where required	COS R	IN OUT	Proper Use of Utensils COS R		
Water and ice from approved source		In-use Utensi	utensils: properly stored		
Food Temperature Control		handled			
Adequate equipment for temperature control Approved thawing methods used		Gloves	-use/single-service articles: properly stored, used		
Thermometers provided and accurate		Food a	Utensils, Equipment and Vending		
Food Identification		designed, constructed, and used Warewashing facilities: installed, maintained, used; test			
Food properly labeled; original container		strips used           Nonfood-contact surfaces clean			
Insects, rodents, and animals not present	Insects, rodents, and animals not present				
Contamination prevented during food preparation, storage and display Plumbing installed; proper backflow devices					
Personal cleanliness: clean outer clothing, hair restraint, fingernalis and jewelry         Sewage and wastewater properly disposed					
Wiping cloths: properly used and stored       Image: Clothest properly constructed, supplied, cleaned         Image: Clothest properly constructed, supplied, cleaned       Image: Cleaned         Image: Clothest properly cleaned       Image: Cleaned         Image: Clothest properly cleaned       Image: Cleaned         Image: Cleaned       Image: Cleaned     <					
Person in Charge /Title: Physical facilities installed, maintained, and clean Date:					
Inspector: Telephone No. EPHS No. Follow-up: Yes No.					
MO 580-1814 (11-14) DISTRIBUTION: WHIT	E - OWNER'S COPY	CANARY - F	Follow-up Date: 10-25-2021		





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

TIME IN 35P	TIME OUT 50
PAGE Dof	3

FOOD PRODUCT/LOCATION FOOD PRODUCT/LOCATION Sow years in solo fridge Ayears in stomatos Prace Ambrentain outside Fridage	ADDRESS 36264 Hm TEMP. 40 40 40 40 40 40 40 40 40 40	FOOD PRODUCT/ LC	DCATION	ZIP 6556 TEMP	20
Code Reference Priority items contribute directly to the elim or injury. These items MUST RECEIVE IN	PRIORITY ITEMS	acceptable level, hazards asso s or as stated.	ociated with foodborne illness	Correct by (date)	Initial
Code Reference standard operating procedures (SSOPs). T	nese items are to be corrected by t	the next regular inspection of	naintenance or sanitation	Correct by Ir (date)	nitial
+-101,11 Chips, fish batter	ezer thermor 2, and hushpu			0-25-21 2-25-21	
	containers,				
	EDUCATION PROVIDED OF	R COMMENTS			
Person in Charge /Title: nspector: 10 588-1814 (11-14)		EPHS No. CANARY-FILE COPY	Date: Follow-up: Follow-up Date: 10	4 <u>-</u> 35-24	No



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

TIMEINSO		TIME OUT				
PAGE	of					

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 BESINT IN CESSATION OF YOUR FOOD OPEN FROM.						
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY ESTABLISHMENT NAME: OWNER: PERSON IN CHARGE:						
ADDRESS:	Donna Dray -					
CITY/ZIP:						
PURPOSE						
Pre-opening	Routine Follow-up Complaint	Other				
Approved Disapp License No.						
Risk factors are food	RISK FA	ACTORS A	ND IN	TERVE	NTIONS	
foodborne illness outb	are control measured	commonly re ures to preve	ported t ent food	to the Ce borne illr	nters for Dis	sease Control and Prevention as contributing factors in y.
IN OUT	Demonstration of Knowledge Person in charge present, demonstrates knowledge	COS	R	Complian	се	Potentially Hazardous Foods COS R
	and performs duties Employee Health	5,			N/O N/A	Proper cooking, time and temperature
IN OUT	Management awareness; policy present				N/O N/A	Proper reheating procedures for hot holding Proper cooling time and temperatures
IN OUT	Proper use of reporting, restriction and exclusion Good Hygienic Practices	-		N OUT	N/O N/A	Proper hot holding temperatures
IN OUT N/O IN OUT N/O	Proper eating, tasting, drinking or tobacco use		_	N OUT	N/A N/O N/A	Proper cold holding temperatures Proper date marking and disposition
	No discharge from eyes, nose and mouth		1	N OUT	N/O N/A	Time as a public health control (procedures / records)
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed		11	N OUT	N/A	Consumer Advisory Consumer advisory provided for raw or
IN OUT N/O	No bare hand contact with ready-to-eat foods or					undercooked food Highly Susceptible Populations
IN OUT	approved alternate method properly followed Adequate handwashing facilities supplied &		11	N OUT	N/O N/A	Pasteurized foods used, prohibited foods not
	Approved Source					offered Chemical
IN OUT IN OUT N/O N/A	Food obtained from approved source or Food received at proper temperature			I OUT	N/A	Food additives: approved and properly used
IN OUT	Food in good condition, safe and unadulterated			1 OUT		Toxic substances properly identified, stored and used
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction	tags, parasite IN OUT N/A C		N/A	Conformance with Approved Procedures Compliance with approved Specialized Process	
IN OUT N/A	Protection from Contamination		T	ha latter		and HACCP plan
IN OUT N/A	Food separated and protected Food-contact surfaces cleaned & sanitized		in	spection.		each item indicates that item's status at the time of the
IN OUT N/O	Proper disposition of returned, previously served		_	N/A = nc	t compliance	N/O = not observed
	reconditioned, and unsafe food		_		orrected On	Site R = Repeat Item
IN OUT	Good Retail Practices are preventative measures to c	OOD RETAI	roductio	on of pat	nogens, che	micals, and physical objects into foods.
Paster	rized eggs used where required	COS R	IN	OUT	A CONTRACTOR	Proper Use of Utensils COS R
Water	and ice from approved source		In-use utensils: properly stored Utensils, equipment and linens: properly stored, drie		equipment and linens: properly stored, dried,	
Adagu	Food Temperature Control				handled Single-us	e/single-service articles: properly stored, used
Approv	ate equipment for temperature control		-	Gloves used properly Utensils, Equipment and Vending		
Thermo	pro-ters provided and accurate				Food and	nonfood-contact surfaces cleanable properly
	Food Identification				Warewas	constructed, and used hing facilities: installed, maintained, used; test
Food p	roperly labeled; original container Prevention of Food Contamination				strips use Nonfood-o	contact surfaces clean
Insects	, redents, and animals not present				Hot and c	Physical Facilities old water available; adequate pressure
and dis	nination prevented during food preparation, storage play	Plumbing installed; proper backflow devices			installed; proper backflow devices	
fingern	al cleanliness: clean outer clothing, hair restraint, ails and jewelry				Sewage a	nd wastewater properly disposed
	cloths: properly used and stored nd vegetables washed before use		-		Toilet facil	lities: properly constructed, supplied, cleaned
	Orabage-relate property disposed; racinities maintained     Physical facilities installed maintained and clean					
Person in Charge /Tit	K					Date: 10 - 25-2021
Inspector: M0 580-1814 (11-14)	PINAL MODEPHOLAL INFORMATION POINT I Yes No					
DISTRIBUTION: WHITE - OWNER'S COPY CANARY - FILE COPY E6.37						