



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

| | |
|------------------|-------------------|
| TIME IN 2:04p | TIME OUT 3:10p |
| 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: <i>His Place</i> | OWNER: <i>New Harmony Church</i> | PERSON IN CHARGE: <i>Aleesha Elwood</i> |
| ADDRESS: <i>500 East Center</i> | CITY/ZIP: <i>Salem 65560</i> | COUNTY: <i>Dent</i> |
| PHONE: <i>573-739-1269</i> | FAX: | P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input checked="" 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"/> MOBILE VENDORS <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" 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 checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ |

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: <i>Aleesha Elwood</i> | Date: <i>5-24-19</i> |
| Inspector: <i>Adina Jones EPHS II</i> | Telephone No.: <i>734-3106x235</i> |
| EPHS No.: <i>1168</i> | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Follow-up Date: <i>5-31-19/8-22-19</i> |

TABLE NO. _____
DATE OF INSPECTION _____

INSPECTED BY: _____

NAME OF ESTABLISHMENT: _____
ADDRESS: _____
CITY: _____

TYPE OF ESTABLISHMENT: HOTEL RESTAURANT CATERING OTHER _____

REGISTRATION NO.: _____

DATE OF REGISTRATION: _____

INSPECTED ON: _____

INSPECTED AT: _____

INSPECTED BY: _____

INSPECTED BY: _____

INSPECTED BY: _____

INSPECTED BY: _____

INSPECTED BY: _____

INSPECTED BY: _____

INSPECTED BY: _____

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

TIME IN 2:04p TIME OUT 3:10p
 PAGE 2 of 2

| | | | | | |
|---------------------------------|--|----------------------------|-----------------------|---------------|--------------|
| ESTABLISHMENT NAME His Place | | ADDRESS 500 East Center | | CITY Salem | ZIP 65560 |
| FOOD PRODUCT/LOCATION | | TEMP. | FOOD PRODUCT/LOCATION | | TEMP. |
| Salad mix M3 fridge | | 40° | | | |
| Butter " " | | 36° | | | |
| Eggs " " | | 36° | | | |

| 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 |
|----------------|---|-------------------|-------------|
| 3-101.11 | Obs: 2 dented cans in storage room - Will return to US Foods. | 5-31-19 | [Signature] |
| 3-302.11 | Obs: raw eggs above salad mix in M3 fridge | 5-31-19 | [Signature] |
| 4-501.114 | Obs: insufficient sanitizer in dishwasher - will use 3 vat sink until dishwasher tested positive for sanitizer. | 5-31-19 | [Signature] |
| 3-501.18 | Obs: shredded cheddar cheese with a manufacture use date of 3-8-19. Voluntarily thrown away | 5-31-19 | [Signature] |

| 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 |
|----------------|--|-------------------|-------------|
| 6-501.11 | Obs: Concrete floor cracking in front of M3 fridge. | 8-23-19 | [Signature] |

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: *Shleesha A. Elumel* Date: 5-24-19
 Inspector: *Arma Jones* EPHS II Telephone No. 784-3106x035 EPHS No. 1168
 Follow-up: Yes No
 Follow-up Date: 5-31-19/8-23-19



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FOOD ESTABLISHMENT INSPECTION REPORT

| | |
|-------------------|--------------------|
| TIME IN 11:05A | TIME OUT 11:15A |
| PAGE 1 of 1 | |

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.

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| ADDRESS: <i>500 East Center</i> | CITY/ZIP: <i>Salem 65560</i> | COUNTY: <i>Dent</i> |
| PHONE: <i>573-739-1269</i> | FAX: | P.H. PRIORITY: <input checked="" type="checkbox"/> H <input checked="" 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"/> MOBILE VENDORS <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" 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 checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ |

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|----------------|---|-----|---|----------------|---|-----|---|
| 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 | | |
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| | 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 | | |
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| | | 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: <i>Aleesha Elwood</i> | Date: <i>5-31-19</i> |
| Inspector: <i>Dana Jones EPHS II</i> | Telephone No.: <i>781-3106 x235</i> |
| EPHS No.: <i>1168</i> | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Follow-up Date: <i>8-23-19</i> |

8-23-19 talked to Aleesha not done



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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TIME IN: 10:08A TIME OUT: 10:10A
PAGE 1 of 1

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| ADDRESS: <u>500 E. Center</u> | | | | COUNTY: <u>Dent</u> | |
| CITY/ZIP: <u>Jalem 65560</u> | | PHONE: <u>513-739-1069</u> | FAX: | | P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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 checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS | | | | | |
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| | | | | | |
|---|--|------------------------------------|-----------------------|--|--|
| Person in Charge/Title: <u>Aleesha Etwood</u> | | | Date: <u>9-13-19</u> | | |
| Inspector: <u>Dina Jones EPHS II</u> | | Telephone No. <u>781-3106 X235</u> | EPHS No. <u>1163</u> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | Follow-up Date: _____ | | |