



Missouri Department of Health and Senior Service
Bureau of Environmental Health Services
Food Establishment Pre-Opening Checklist

Date: 12-19-2022

New Establishment Change of Owner

Establishment/Vendor Information
Establishment/Vendor Name: Heavenly Homestyle
Address: 599 CR 6303 City: Salem State: MO Zip: 65560
Phone: 513-247-1828 Fax: _____ E-mail: _____
Days of Operation: Varies Hours of Operation: Varies

Number of employees (both full-time and part-time): ONE Total amount of square footage for the building: _____

SERVICE TYPE

Please check one or more boxes to indicate the type of service you will offer:

<input type="checkbox"/> Buffet	<input type="checkbox"/> Table	<input type="checkbox"/> Counter	<input type="checkbox"/> Drive-thru	<input type="checkbox"/> Delivery	<input checked="" type="checkbox"/> Catering	<input type="checkbox"/> Carry out	<input type="checkbox"/> Samples
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The pre-opening inspection checklist is used by this agency as a tool to assist in determining a Food Establishment's eligibility to operate. The food establishment still must comply with all the requirements of the Missouri Food Code. In the event there is a conflict or a discrepancy between the Food Code and the pre-opening inspection checklist, the Food Establishment must comply with the Food Code.

Item	Yes	No	N/A
1. Water Source/Capacity			
A. Community			
B. Non-Community & Private (sample results satisfactory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adequate supply (hot & cold under pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Approved backflow/back siphonage devices in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sewage Disposal			
A. Public			
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Grease trap/interceptor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Adequate restroom available	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Premises			
A. Graded to drain and maintained			
B. Outdoor cooking properly protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Floors			
A. Grease resistant, easily cleanable and in good repair			
B. Coved floor-wall juncture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Walls/Ceilings			
A. Constructed of smooth and easily cleanable, nonabsorbent materials			
B. No beams or no piping is exposed in food preparation and storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hand sinks			
A. Hand sinks provided in the following areas:			
- Food preparation area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dishwashing area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Busing, wait station, service area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Bar area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Hot water (>100°F), drying device, waste basket and signage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Three Compartment Sink			
A. Three compartment sink, with drain stoppers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hot and cold running water supplied to all compartments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adequate drain boards provided or drying racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Indirectly plumbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dishwasher			
A. Dishwashing machine provides a final hot water sanitizing rinse to code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Dishwashing machine sanitizes with a chemical sanitizer to code, alarm present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Food Preparation Sink Provided, indirect plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Service Sink (Mop Sink) provides hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Not finished yet

- Will you sanitizer sink and bleach before use each time

uses a Swiffer wet jet



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Item	Yes	No	N/A
11. Test Strips for Chemical Sanitizer			
A. Test strips provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine			
Quat			
Iodine			
B. Buckets/spray bottles for wiping cloths provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine			
Quat			
Iodine			
12. Refrigeration/Freezer Units			
A. Capable of cold holding to 41°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sufficient capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Hot Holding Units			
A. Capable of hot holding to 135°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sufficient capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Temperature Measuring Devices			
A. Located in hot and cold holding units	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Available for food monitoring (0° - 220°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Storage Areas			
A. Shelves easily cleanable and properly constructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Shelving provided to store items 6 inches above floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have major renovations occurred? What type (plumbing, electrical, new equipment, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Equipment			
A. Good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Properly spaced for easy cleaning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Food Contact & Non-Food Contact Surfaces			
A. Good condition, smooth and easily cleanable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Washed and sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Toxic Materials			
A. Storage location away from food and food related items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proper labeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Ventilation			
A. Hood system adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hood system clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Pest Control			
A. Establishment free from rodents and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outer openings properly protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Professional pest control provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Lighting			
A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Light fixtures properly shielded in food prep and storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Refuse			
A. Outside trash receptacle, provided with tight fitting lid, maintained in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Inside trash receptacle(s), capacity, maintained in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Demonstration of Knowledge			
A. Person-In-Charge has a certificate in Food Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Person-In-Charge is able to demonstrate knowledge of foodborne diseases, HACCP, food safety, proper food handling, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Consumer Advisory			
A. Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Special Process			
A. HACCP plan in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Recordkeeping in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Integrity
Pest
Control

*Complete inspection report to document pre-opening inspection. This checklist is meant only to serve as a reminder for the inspector; it does not replace the inspection report or knowledge of the rule.



Collection Location home	Collector and Phone geninatti, marsha	Client Reference	Accession # 783994
599 CO RD 6303 SALEM, MO 65560	Collected 2023-01-04 21:00	Received 2023-01-06 06:47	Project
Report To GENINATTI, MARSHA 599 CO RD 6303 SALEM, MO 65560	Sample Description SINK		
	Sample Type Drinking Water		
	Sample Source		
	Sample Note(s)		

ADDITIONAL SAMPLE INFORMATION

Bottle Number: 86404
 County: DENT
 GPS Latitude: Not Provided
 GPS Longitude: Not Provided
 Owner: Not Provided
 Owner Telephone Number: Not Provided
 Supply Type: Private Well - Single Home

Location Type: Not Provided
 Location Establishment Number: Not Provided
 Construction Type: Not Provided
 Sewage Disposal: Not Provided
 Resample After Treatment: Not Provided
 No Charge Justification: Not Provided

RESULTS OF ANALYSIS - FINAL REPORT

TEST	RESULT	ANALYSIS NOTE(S)
Total Coliform and E.coli Bacteria, 9223B-PA Total Coliform Bacteria E.coli	Absent, Bacterially Safe Absent	1

SAMPLE AND ANALYSIS NOTES

1. Interpretation: If the total coliform result is "Present, Bacterially Unsafe" and/or the E. coli result is "Present", the sample is considered UNSATISFACTORY for drinking water purposes and you should consider disinfecting your well. Well disinfection instructions can be found at the Bureau of Environmental Epidemiology's website at 'health.mo.gov/private-drinking-water'. For further assistance, please call 573-751-6102.

If the total coliform result is "Absent, Bacterially Safe" and/or and E. coli tests are reported "Absent", the sample is considered SATISFACTORY for drinking water purposes.

Results interpretations are based on U.S. Environmental Protection Agency standards and Missouri Department of Health and Senior Services guidelines for bacteria in drinking water.

Method: SM 9223B Enzyme Substrate (Idexx Colilert 24-Hour PA - 100 ml sample) for Total Coliform and E. coli bacteria, Standard Methods for the Examination of Water and Wastewater, American Public Health Association, 21st ed., 2005.

ANALYSIS INFORMATION

TEST	ANALYZED	SITE	RELEASED	ANALYSIS PREP
1. Total Coliform and E.coli Bacteria, 9223B-PA	2023-01-06 08:27 JH	2	2023-01-09 09:07 SB	

SITE(S) PERFORMING TESTING

2 MSPHL, 101 N CHESTNUT STREET, PO BOX 570, JEFFERSON CITY, MO 65102; Phone 573/751-3334; Michael Massman, Laboratory Director



**Missouri Department of Health
and Senior Services
State Public Health Laboratory**

Laboratory Results Report

573-751-3334

Collection Location Kitchen	Collector and Phone geninatti, marsha	Client Reference	Accession # 775481
599 CO RD 6303 SALEM, MO 65560	Collected 2022-12-13 12:30	Received 2022-12-14 07:11	Project
GENINATTI, MARSHA			Sample Description SINK
599 CO RD 6303 SALEM, MO 65560			Sample Type Drinking Water
			Sample Source
			Sample Note(s)

ADDITIONAL SAMPLE INFORMATION

Bottle Number: 86545
County: DENT
GPS Latitude: Not Provided
GPS Longitude: Not Provided
Owner: Not Provided
Owner Telephone Number: Not Provided
Supply Type: Private Well - Single Home

Location Type: Restaurant
Location Establishment Number: Not Provided
Construction Type: Drilled Well
Sewage Disposal: On-Site
Resample After Treatment: No
No Charge Justification: Not Provided

*received
12-21-2022
informed her to
only use bottled
water until
this is
resolved
RJones*

RESULTS OF ANALYSIS - FINAL REPORT

TEST	RESULT
Total Coliform and E.coli Bacteria, 9223B-PA	Present, Bacterially Unsafe
Total Coliform Bacteria	Absent
E.coli	Absent

ANALYSIS NOTE(S)

SAMPLE AND ANALYSIS NOTES

Interpretation: If the total coliform result is "Present, Bacterially Unsafe" and/or the E. coli result is "Present", the sample is considered **UNSATISFACTORY** for drinking water purposes and you should consider disinfecting your well. Well disinfection instructions can be found at the Bureau of Environmental Epidemiology's website at 'health.mo.gov/private-drinking-water'. For further assistance, please call 573-751-6102.

If the total coliform result is "Absent, Bacterially Safe" and/or and E. coli tests are reported "Absent", the sample is considered **SATISFACTORY** for drinking water purposes.

Results interpretations are based on U.S. Environmental Protection Agency standards and Missouri Department of Health and Senior Services guidelines for bacteria in drinking water.

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ANALYSIS INFORMATION

TEST	ANALYZED	SITE	RELEASED	ANALYSIS PREP
Total Coliform and E.coli Bacteria, 9223B-PA	2022-12-14 08:46 JH	2	2022-12-15 10:33 CE	

TE(S) PERFORMING TESTING

MSPHL, 101 N CHESTNUT STREET, PO BOX 570, JEFFERSON CITY, MO 65102; Phone 573/751-3334; Michael Massman, Laboratory Director