



Michelle Nelson cell  
573-694-2477

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

Date: 1-31-2022  New Establishment  Change of Owner

Establishment/Vendor Information

Establishment/Vendor Name: Michelle's Country Corner Cafe LLC  
Address: 508 N. Main St. City: Salem State: MO Zip: 65560  
Phone: 784-5050 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Days of Operation: Sun-Sat Hours of Operation: 10AM-8pm

Number of employees (both full-time and part-time): 15-20 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 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
<b>1. Water Source/Capacity</b>			
A. Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Non-Community & Private (sample results satisfactory)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Adequate supply (hot & cold under pressure)	<input checked="" 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"/>
<b>2. Sewage Disposal</b>			
A. Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Grease trap/interceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Adequate restroom available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Premises</b>			
A. Graded to drain and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outdoor cooking properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4. Floors</b>			
A. Grease resistant, easily cleanable and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Coved floor-wall juncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Walls/Ceilings</b>			
A. Constructed of smooth and easily cleanable, nonabsorbent materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No beams or no piping is exposed in food preparation and storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Hand sinks</b>			
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Busing, wait station, service area(s)	<input 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 type="checkbox"/>
<b>7. Three Compartment Sink</b>			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Indirectly plumbed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Dishwasher</b>			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Food Preparation Sink Provided, indirect plumbing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10. Service Sink (Mop Sink) provides hot and cold running water</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

use rinse sink & sanitize before doing vegetables

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Item	Yes	No	N/A
<b>11. Test Strips for Chemical Sanitizer</b>			
A. Test strips provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine			Iodine
Quat			
B. Buckets/spray bottles for wiping cloths provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine			Iodine
Quat			
<b>12. Refrigeration/Freezer Units</b>			
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"/>
<b>13. Hot Holding Units</b>			
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"/>
<b>14. Temperature Measuring Devices</b>			
A. Located in hot and cold holding units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Available for food monitoring (0° - 220°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Storage Areas</b>			
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"/>
<b>16. Have major renovations occurred? What type (plumbing, electrical, new equipment, etc)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Equipment</b>			
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"/>
<b>18. Food Contact &amp; Non-Food Contact Surfaces</b>			
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"/>
<b>19. Toxic Materials</b>			
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"/>
<b>20. Ventilation</b>			
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"/>
<b>21. Pest Control</b>			
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"/>
			Planks Pest control
<b>22. Lighting</b>			
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"/>
<b>23. Refuse</b>			
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24. Demonstration of Knowledge</b>			
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"/>
<b>25. Consumer Advisory</b>			
A. Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26. Special Process</b>			
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"/>

\*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.



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

TIME IN 1:00p	TIME OUT
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.

ESTABLISHMENT NAME: Michelle's Country Corner Cafe	OWNER: Michelle Nelson	PERSON IN CHARGE: Michelle Nelson
ADDRESS: 508 N. Main Street	CITY/ZIP: Salem 65560	COUNTY: Dent
PHONE: 1-27-5050	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input 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 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		
PURPOSE <input checked="" 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 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	Proper cooking, time and temperature		
		<b>Employee Health</b>			IN	OUT	Proper reheating procedures for hot holding		
IN	OUT	Management awareness; policy present			IN	OUT	Proper cooling time and temperatures		
IN	OUT	Proper use of reporting, restriction and exclusion			IN	OUT	Proper hot holding temperatures		
		<b>Good Hygienic Practices</b>			IN	OUT	Proper cold holding temperatures		
IN	OUT	Proper eating, tasting, drinking or tobacco use			IN	OUT	Proper date marking and disposition		
IN	OUT	No discharge from eyes, nose and mouth			IN	OUT	Time as a public health control (procedures / records)		
		<b>Preventing Contamination by Hands</b>			IN	OUT	Consumer Advisory		
IN	OUT	Hands clean and properly washed			IN	OUT	Consumer advisory provided for raw or undercooked food		
IN	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					<b>Highly Susceptible Populations</b>		
IN	OUT	Adequate handwashing facilities supplied & accessible			IN	OUT	Pasteurized foods used, prohibited foods not offered		
		<b>Approved Source</b>					<b>Chemical</b>		
IN	OUT	Food obtained from approved source			IN	OUT	Food additives: approved and properly used		
IN	OUT	Food received at proper temperature			IN	OUT	Toxic substances properly identified, stored and used		
IN	OUT	Food in good condition, safe and unadulterated					<b>Conformance with Approved Procedures</b>		
IN	OUT	Required records available: shellstock tags, parasite destruction			IN	OUT	Compliance with approved Specialized Process and HACCP plan		
		<b>Protection from Contamination</b>			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				
IN	OUT	Food separated and protected							
IN	OUT	Food-contact surfaces cleaned & sanitized							
IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food							

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		
		<b>Food Temperature Control</b>					Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					<b>Utensils, Equipment and Vending</b>		
✓		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		<b>Food Identification</b>					Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled; original container					Nonfood-contact surfaces clean		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
		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: Michelle Nelson	Date: 2-18-2002
Inspector: Thomas Jones EPHS II	Telephone No.: 1-27-3106 x1016
EPHS No.: 1168	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: