



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

TIME IN	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: <i>Outpost Tradina+Grill</i>	OWNER: <i>Kick + Melissa Ragsdale</i>	PERSON IN CHARGE: <i>Melissa Ragsdale</i>
ADDRESS: <i>8855 Hwy K</i>	COUNTY: <i>Dent</i>	
CITY/ZIP: <i>Jadwin 65501</i>	PHONE: <i>613-729-0920</i>	FAX:
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
PURPOSE <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input 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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" 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		
	<b>Employee Health</b>			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		
	<b>Good Hygienic Practices</b>			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)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
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				<b>Highly Susceptible Populations</b>		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>				<b>Chemical</b>		
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				<b>Conformance with Approved Procedures</b>		
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		
	<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 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						

**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: <i>Melissa Ragsdale</i>	Date: <i>7-25-2022</i>
Inspector: <i>Jenna Jones EPHS #</i>	Telephone No.: <i>1124-3106 x 106</i>
EPHS No.: <i>1168</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:







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

28 miles RT

Date: 7-20-2020

New Establishment

Change of Owner

Establishment/Vendor Information  
Establishment/Vendor Name: Outpost Trading + Grill  
Address: 8055 Hwy K City: Jackson State: MO Zip: 65501  
Phone: 513-729-0920 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Days of Operation: Sun-Sat Hours of Operation: 1A-1P

Number of employees (both full-time and part-time): 3 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 checked="" type="checkbox"/> Table	<input type="checkbox"/> Counter	<input checked="" type="checkbox"/> Drive-thru	<input type="checkbox"/> Delivery	<input type="checkbox"/> Catering	<input checked="" 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			
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			
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"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Busing, wait station, service area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Bar area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hot water (>100°F), drying device, waste basket and signage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9. Food Preparation Sink Provided, indirect plumbing</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Nicole-cook OK



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

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
B. Buckets/spray bottles for wiping cloths provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine			Iodine
<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 checked="" type="checkbox"/>	<input checked="" 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"/>
16. Have major renovations occurred? What type (plumbing, electrical, new equipment, etc)?	<input checked="" 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"/>
<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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>25. Consumer Advisory</b>			
A. Disclosure	<input type="checkbox"/>	<input checked="" 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"/>

Need <sup>OK</sup> thermometers →

Orkin Pest 1st of part of June

OK Nicole read Food Code

\*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.