



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

TIME IN: 1:44p TIME OUT: 3:30p
PAGE 1 of 3

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: Pizza Hut OWNER: Summit Restaurant Group PERSON IN CHARGE: Marian Morris
ADDRESS: 400 Scenic Rivers Blvd. (Hwy 32 East) COUNTY: Dent
CITY/ZIP: Salem 65560 PHONE: 124-5159 FAX: P.H. PRIORITY: H M L
ESTABLISHMENT TYPE: BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION
 RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS

PURPOSE: Pre-opening Routine Follow-up Complaint Other
FROZEN DESSERT: Approved Disapproved Not Applicable License No. _____
SEWAGE DISPOSAL: PUBLIC PRIVATE
WATER SUPPLY: COMMUNITY NON-COMMUNITY 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	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
	Employee Health			IN	Proper reheating procedures for hot holding		
IN	Management awareness; policy present			IN	Proper cooling time and temperatures		
IN	Proper use of reporting, restriction and exclusion			IN	Proper hot holding temperatures		
	Good Hygienic Practices			IN	Proper cold holding temperatures		
IN	Proper eating, tasting, drinking or tobacco use			IN	Proper date marking and disposition		
IN	No discharge from eyes, nose and mouth			IN	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN	Hands clean and properly washed			IN	Consumer advisory provided for raw or undercooked food		
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN	Adequate handwashing facilities supplied & accessible			IN	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN	Food obtained from approved source			IN	Food additives: approved and properly used		
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used		
IN	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN	Required records available: shellstock tags, parasite destruction			IN	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination			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 COS = Corrected On Site R = Repeat Item			
IN	Food separated and protected						
IN	Food-contact surfaces cleaned & sanitized						
IN	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		
		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: [Signature] Date: 9-25-19
Inspector: [Signature] Telephone No.: 124-3106x235 EPHS No.: 1168
Follow-up: Yes No
Follow-up Date: 10-11-19



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

TIME IN: 11:25A TIME OUT: 11:35A
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: Pizza Hut OWNER: Summit Restaurant Group PERSON IN CHARGE: Joe Stewart
ADDRESS: 400 Scenic Rivers Blvd. (Hwy 32 East) COUNTY: Dent
CITY/ZIP: Salem 65560 PHONE: 784-5159 FAX: P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION
 RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS

PURPOSE
 Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT
 Approved Disapproved Not Applicable
License No. _____

SEWAGE DISPOSAL
 PUBLIC PRIVATE

WATER SUPPLY
 COMMUNITY NON-COMMUNITY PRIVATE
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IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			IN	OUT	Proper cooking, time and temperature		
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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		
		Good Hygienic Practices			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)		
		Preventing Contamination by Hands			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					Highly Susceptible Populations		
IN	OUT	Adequate handwashing facilities supplied & accessible			IN	OUT	Pasteurized foods used, prohibited foods not offered		
		Approved Source					Chemical		
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					Conformance with Approved Procedures		
IN	OUT	Required records available: shellstock tags, parasite destruction			IN	OUT	Compliance with approved Specialized Process and HACCP plan		
		Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection.				
IN	OUT	Food separated and protected			IN = in compliance		OUT = not in compliance		
IN	OUT	Food-contact surfaces cleaned & sanitized			N/A = not applicable		N/O = not observed		
IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			COS = Corrected On Site		R = Repeat Item		

GOOD RETAIL PRACTICES

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		Water and ice from approved source						Utensils, equipment and linens: properly stored, dried, handled			
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		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: _____ Date: 11-8-19
Inspector: Anna Jones EPHS II Telephone No. 784-3106 x235 EPHS No. 1168
Follow-up: Yes No
Follow-up Date: _____