



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

TIME IN 10:15A	TIME OUT 11:15A
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: Salem Foodies 3422	OWNER: Trustees	PERSON IN CHARGE: Derrick Conway
ADDRESS: 5511 W. 14th St 32	CITY/ZIP: Salem MO 65560	COUNTY: Dent
PHONE: 655-6015	FAX: 789-16219	P.H. PRIORITY: <input checked="" 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 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 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 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 <u>absent</u>

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					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		
		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: Derrick Conway	Date: 10-3-2022
Inspector: Dana Jones EPHS #	Telephone No.: 789-3106 x106
EPHS No.: 1168	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 11/3/22



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

TIME IN: 1:10p	TIME OUT: 1:55p
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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: Salem Eagles 3422	OWNER: Trustees	PERSON IN CHARGE: Derrick Conway
ADDRESS: 5111 W. Hwy 32	CITY/ZIP: Salem 65560	COUNTY: Dent
PHONE: 417-621-6219	FAX:	P.H. PRIORITY: <input checked="" 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 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 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 absent

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IN	OUT	Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	N/O	N/A		
		Employee Health				IN	OUT	N/O	N/A		
IN	OUT	Management awareness; policy present				IN	OUT	N/O	N/A		
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	N/O	N/A		
		Good Hygienic Practices				IN	OUT	N/O	N/A		
IN	OUT	N/O	Proper eating, tasting, drinking or tobacco use			IN	OUT	N/O	N/A		
IN	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT	N/O	N/A		
		Preventing Contamination by Hands				IN	OUT	N/A			
IN	OUT	N/O	Hands clean and properly washed					Consumer Advisory			
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		
		Approved Source						Chemical			
IN	OUT		Food obtained from approved source			IN	OUT	N/A			
IN	OUT	N/O	N/A			IN	OUT				
IN	OUT		Food received at proper temperature					Conformance with Approved Procedures			
IN	OUT		Food in good condition, safe and unadulterated			IN	OUT	N/A			
IN	OUT	N/O	N/A					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 N/O = not observed COS = Corrected On Site R = Repeat Item					
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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: _____	Date: 12-30-2022
Inspector: [Signature]	Telephone No. 417-3106 X 106
EPHS No. 1168	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____