



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

TIME IN: 9:15A TIME OUT: 10:45A
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: Southeast Behavioral Health OWNER: SEMO Behavioral Health PERSON IN CHARGE: Nicole Kaulston
 ADDRESS: 203 N. Grand COUNTY: Dent
 CITY/ZIP: Salem 65560 PHONE: 729-4103 FAX: 729-4200 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 _____ Result _____

Temp Rite
 Date: _____
 Fecha: _____
 Emp: _____
 Empleado: _____
 PASS WHEN BLUE BAR TURNS ORANGE
 ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA
 160°F/71°C

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					Chemical		
IN	OUT	Management awareness; policy present			IN	OUT N/O N/A	Proper reheating procedures for hot holding		
IN	OUT	Proper use of reporting, restriction and exclusion			IN	OUT N/O N/A	Proper cooling time and temperatures		
		Good Hygienic Practices					Consumer Advisory		
IN	OUT N/O	Proper eating, tasting, drinking or tobacco use			IN	OUT N/A	Proper hot holding temperatures		
IN	OUT N/O	No discharge from eyes, nose and mouth			IN	OUT N/O N/A	Proper cold holding temperatures		
		Preventing Contamination by Hands					Highly Susceptible Populations		
IN	OUT N/O	Hands clean and properly washed			IN	OUT N/A	Proper date marking and disposition		
IN	OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN	OUT N/O N/A	Time as a public health control (procedures / records)		
IN	OUT	Adequate handwashing facilities supplied & accessible					Consumer Advisory		
		Approved Source					Chemical		
IN	OUT	Food obtained from approved source			IN	OUT N/A	Consumer advisory provided for raw or undercooked food		
IN	OUT N/O N/A	Food received at proper temperature			IN	OUT	Highly Susceptible Populations		
IN	OUT	Food in good condition, safe and unadulterated			IN	OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN	OUT N/O N/A	Required records available: shellstock tags, parasite destruction					Chemical		
		Protection from Contamination					Conformance with Approved Procedures		
IN	OUT N/A	Food separated and protected			IN	OUT N/A	Food additives: approved and properly used		
IN	OUT N/A	Food-contact surfaces cleaned & sanitized			IN	OUT	Toxic substances properly identified, stored and used		
IN	OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food					Conformance with Approved Procedures		
							Compliance with approved Specialized Process and HACCP plan		

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

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					Utensils, Equipment and Vending		
✓		Adequate equipment for temperature control			✓		Single-use/single-service articles: properly stored, used		
✓		Approved thawing methods used			✓		Gloves used properly		
✓		Thermometers provided and accurate					Physical Facilities		
		Food Identification					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
✓		Food properly labeled; original container			✓		Warewashing facilities: installed, maintained, used; test strips used		
		Prevention of Food Contamination					Nonfood-contact surfaces clean		
✓		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: Nicole Kaulston Food Service Supervisor Date: 9-12-19
 Inspector: Anna J. [Signature] Telephone No. 729-3106 x235 EPHS No. 1168 Follow-up: Yes No
 Follow-up Date: 9-16-19



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PAGE 2 of 2

ESTABLISHMENT NAME SEMO Behavioral Health		ADDRESS 203 N. Grand		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Yogurt cup True refrig		41°	ham slices True stainless		36°
turkey " "		38°	American cheese " "		33°
liquid eggs " "		28°			
tomatoes Frigidaire		39°			
milk jug True stainless		38°			

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
3-501.17	Obs: no date labeling on onions or opened prepared lettuce in Frigidaire refrig.	COS	NR
3-501.18	Obs: American cheese dated 8/10 to 8/17	COS	NR
6-501.111	Obs: live crickets in storage room.	9-16-19	NR OK

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
4-601.11C	Obs: denmore upright freezer needs defrosted.	9-16-19	OK
3-305.11	Obs: crate of onions sitting on floor.	COS	
6-501.12A	Obs: dead bugs on floor between refrig freezer and around shelving in storage room.	9-16-19	OK
4-601.11C	Obs: potholders dirty and grease laden.	9-16-19	OK
4-601.11C	Obs: outsides of cabinets and drawers dirty to sight + touch.	9-16-19	OK
4-601.11C	Obs: outsides of beverage dispensers dirty to sight + touch	9-16-19	OK
4-302.14	Obs: No test strips for dishwasher	9-16-19	OK
3-304.14	Obs: no sanitizer in water for wiping cloths	COS	NR

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Nicole Rausten, Food Service Supervisor Date: 9-12-19

Inspector: Alma Jones EPHS II Telephone No: 781-316-0235 EPHS No: 1168

Follow-up: Yes No Follow-up Date: 9-16-19



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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TIME IN 11:25A	TIME OUT 11:50A
PAGE 1 of 1	

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ESTABLISHMENT NAME: Southeast MO Behavioral Health	OWNER: SE MO Behavioral Health	PERSON IN CHARGE: Amanda Cox
ADDRESS: 203 N. Grand	CITY/ZIP: Salem 65560	PHONE: 724-4103
	FAX: 729-4200	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"/> RESTAURANT	<input 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 checked="" type="checkbox"/> INSTITUTION <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 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 _____

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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				
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							Physical facilities installed, maintained, and clean		

Person in Charge / Title: Amanda Cox Regional Director	Date: 9-16-19
Inspector: Anna Jones FRHS #	Telephone No. 724-3106x235
EPHS No. 1169	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: